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ABSTRACT

The goal of the Early Childhood Mental Health (ECMH) Best Practices Project in Multnomah County, Oregon, is to improve the ability of early childhood professionals and partners to support and strengthen the emotional and relational development of young children with their families and communities. This report presents the activities for Year 2 of the project. The focus of Year 2 was to identify current best/promising practices for child and family-serving agencies, organizations, programs, and disciplines. The components of the project included: (1) a project steering committee; (2) two workgroups, comprised of community members to complete a review of current literature and develop a learning model for ECMH professional development; and (3) a community learning event which provided an interdisciplinary audience with a common foundation of knowledge about early childhood mental health. Using an interdisciplinary approach, the project represented the views of child welfare, mental health, health, community justice, early childhood care and education, developmental disabilities, and medicine. The report details key messages learned from Year 2, delineates Year 2 accomplishments, describes the findings related to best practices, and presents plans for dissemination in Year 3. The report concludes by noting that the findings of the project help chart an evidence-based path to strengthen community efforts to develop infrastructure for child and family serving programs. The workgroups' findings and the community learning event highlighted the primacy of relationships as the key structure, process, content, and focus for effectively promoting developmental health for children and families. (KB)

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The Early Childhood Mental Health Best Practices Project

Report on Project Activities, Year Two

June, 2001

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The Early Childhood Mental Health
Best Practices Project

REPORT ON PROJECT ACTIVITIES, YEAR TWO

EXECUTIVE SUMMARY

June, 2001

A Project funded by:
Portland Public Schools Safe Schools/Healthy Students Initiative
The State Mental Health Division, Morrison Center Child & Family Services,
Local Interagency Coordinating Council, and the Early Childhood Care & Education Council
of the Multnomah County Commission on Children, Families & Community,

Sponsored by:
Commission on Children, Families & Community, Multnomah County
The Early Childhood Care & Education Council,
Early Childhood Mental Health Committee,
Mary Mertz, M.Ed., ECMH Committee Chair

In Partnership with:
The Northwest Early Childhood Institute

Project Management:
Multnomah County Department of Community & Family Services
Division of Behavioral Health
Barbara L. Brady, LCSW, Administrator for
Early Childhood and Child Abuse Programs

Project Development Consultant:
NancyAnn Jambor, M.A.

The Early Childhood Mental Health
Best Practices Project

REPORT ON PROJECT ACTIVITIES, YEAR TWO

June, 2001

EXECUTIVE SUMMARY

"Across the United States, we are beginning to hear the rumblings of a quiet crisis. Our nation's children under the age of three and their families are in trouble, and their plight worsens every day. To be sure, the children themselves are not quiet; they are crying out for help. And their parents' anxieties about inadequate child care and the high cost of their child's health care can be heard in kitchens, playgrounds, pediatricians' waiting rooms, and workplace cafeterias across the nation."

Starting Points: Meeting the Needs of Our Youngest Children
The Carnegie Corporation of N.Y., 1994

• Project Background

Context for the Project

Over the last several years, in communities around the country, awareness of the dimensions of the social crisis impacting children and families has galvanized efforts to respond effectively. Dissemination of neuroscience research findings about early brain development has highlighted a child's earliest years as a pivotal time of growth and development, with lifelong implications for health and well being.

Widespread and increasingly focused policy and practice discussions[1] about early childhood mental health issues are helping to identify what is known, and what is not yet known

[1] For example, the May, 2001 national planning conference, *Toward a National Agenda for Early Childhood Mental Health*, hosted by the National Center for Children in Poverty, Jane Knitzer, Deputy Director.

(particularly from an evidence-based perspective) about child development, and what can be done to make a difference in the lives of children and families.

Around the country, public and private funds have been made available for community-based projects which seek to understand and address the needs of young children and families.[2] Community agencies, organizations, programs and professionals have come together to design and develop prevention and intervention services to support better outcomes for children at risk.

Parents, paraprofessionals and practitioners in varied fields - early childhood care and education, medicine, health, child welfare, community justice, clinical psychology, psychiatry, mental health, social work, faith communities and parent educators - have joined forces as interdisciplinary teams, to acquire and digest the vast array of new knowledge, and investigate practical approaches with demonstrated merit, all to strengthen children, families and, ultimately, our communities.

These national trends provide the context for the Early Childhood Mental Health Best Practices Project in Multnomah County, Oregon.

Goal of the Project
To improve the ability of early childhood professionals and partners to support and strengthen the emotional and relational development of young children with their families and communities.

Funding
Funding for the ECMH Best Practices Project began with the award of a grant from Portland Public Schools' Safe Schools/Healthy Students Initiative, jointly funded by the U.S. Departments of Education and Justice, along with the Substance Abuse and Mental Health Services Administration (SAMSHA). The goal of the initiative is *to ensure that all students are able to learn in safe, healthy, disciplined and drug-free environments.*

One of the six major focus areas of the Safe Schools/Healthy Students Initiative is Early Childhood. Objectives for Early Childhood include: increasing the availability of mental health services for children and families, increasing system capacity to better serve children, and improving collaboration among child and family serving programs, agencies and organizations.

Capacity building in the local community results from establishing principles of best practice for services in early childhood mental health, and disseminating those to practitioners throughout the community who are engaged in serving the population of children and families needing services. Collaboration on the process of identifying best practices for early childhood mental health services from a multi-disciplinary and cross-system approach reinforces system capacity, and reflects the interdisciplinary nature of work in early childhood mental health. Interdisciplinary work sets the stage for cross-reporting, cross-system referrals and service coordination.

The Best practices Project received additional funding support from the following partners:
- The State Mental Health Division,
- Morrison Center Child & Family Services,
- Local Interagency Coordinating Council, and
- The Early Childhood Care and education Council, ECMH Committee, of the Multnomah County Commission on Children, Families & Community.

The Early Childhood Care and Education Council, particularly the Early Childhood Mental Health (ECMH) Sub-Committee, has provided long-term significant support for the Project, as well as

[2] For examples, see *Starting Points: Challenging the "Quiet Crisis"*, National Center for Children in Poverty and the Harvard Family Research Project, 1997.

participation at all levels. The Council's ECMH Sub-Committee took a lead role in the inception of the Project, as an extension of initiatives over the last several years[3] to raise community awareness about early childhood mental health issues. The ECMH Sub-Committee members have allocated additional funding for the Project, both for its Second and Third Year activities.

Fiscal management and oversight of the Project is through the Multnomah County Department of Community and Family Services, Division of Behavioral Health. The Project Coordinator is Barbara L. Brady, LCSW, Administrator for Early Childhood and Child Abuse Programs.

Scope of the Project

The Early Childhood Mental Health (ECMH) Best Practices Project was designed to develop community-wide consensus about principles of best practice for early childhood mental health services in Multnomah County, Oregon.

The Early Childhood Mental Health Best Practices Project planning group endorsed Jane Knitzer's Ten Principles for development of an effective service delivery system in early childhood mental health as a foundation for the Project. Knitzer's Principles are summarized below[4]:

Guiding Principles for Best Practice in Early Childhood Mental Health	
❑ Family centered	❑ Sensitive to cultural, community and ethnic values
❑ Supportive of all caregivers	❑ Access to clinical, consultative and supervision services
❑ Services are delivered in natural settings	❑ Strengthening of competencies
❑ Respect for developmental processes	❑ Access to crisis intervention and support services
❑ Individualization	❑ Building partnerships in the community

As a first step in development of community consensus – requiring general agreement with respect to values, attitudes, skills, knowledge and approaches[5] - the ECMH Best Practices Project initiated its own investigations to describe "best practices" for early childhood mental health. The Best practice findings of the Second Year's work will serve as a foundation to guide strategies for promoting developmental health for children and families, including integration of systems, services, and supports.

The Project's main objectives are:

1) Identification of current best/promising practices for child and family-serving agencies, organizations, programs and disciplines (Second Year); and
2) Dissemination of that collected knowledge through best practice professional development approaches (Third Year).

Project participants have come to understand the Project as a 5- to 10-year undertaking to adopt community practice standards which will promote system improvements.

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[3] A forum called *Cradle to Community*, featuring Jane Knitzer, was planned and conducted in 1998 as one of the first major community conversations about early childhood mental health.

[4] For more extensive explanation of the Principles, see *Early Childhood Mental Health Services: A Policy and Systems Development Perspective*, by Jane Knitzer, in Shonkoff & Meisels, (Eds.), Handbook of Early Childhood Intervention, Cambridge University Press, 2000.

[5] The Taxonomy for Informed Decision Making, in *Developing Practice Guidelines in Mental Healthcare & Addictions Services*, National Council for Community Behavioral Healthcare, 2000.

Focus on Cultural Competency

Both the Literature Review Workgroup and the Learning Models Workgroup members wrestled with cultural competence in relation to Principles of Best Practice. Both groups identified gaps in this area. Both workgroups sought to locate sources for further investigation into culturally competent knowledge and skills. They wanted:

-information which would credibly describe best practice for cultural-specific groups;
-understanding of individual, family and cultural group influences; and
-a deeper perspective on the complexities of working closely with multi-cultural children and families.

Some items related to culturally competent practices were located and added to the Literature List. These included the SAMSHA document, Cultural Competence Standards, as well as articles from other sources. Overall, the Workgroup members were not satisfied with the coverage of this topic. The Literature Review Workgroup recommends that future literature review (as well as learning events) include resources which will illuminate this significant area of concern.

The Project Development Consultant sought guidance from Emily Fenichel, at ZERO TO THREE: National Center for Infants, Toddlers and Families for literature review sources specifically related to culturally appropriate practices. Ms. Fenichel provided the Project with several suggested readings, which are now included in the "parking lot" of literature for future review.

The Workgroups recommended to the Project that the topic of Culturally Competent Practices be explored in greater depth through both a comprehensive literature review and a community learning event focused on culturally competent practices for early childhood mental health practitioners.

Components of the Project

The ECMH Best Practices Project included the following components during its second year :

1. A Project *Steering Committee*, made up of community leaders, to provide oversight and guidance to the Project throughout its implementation.
2. *Two Workgroups*, comprised of community members, to complete a *review of current literature*, and to develop a *learning model for ECMH professional development.*
3. A *community learning event* which provided an interdisciplinary audience with a common foundation of knowledge about early childhood mental health.

The ECMH Best Practices Project is linked to an *Early Childhood Mental Health Partnership*,[6] an executive-level, public policy and advocacy group. The mission of the ECMH Partnership is to *improve the systems that promote the social, emotional and relational development of young children and families.* The Partnership serves to "assess the service delivery system and recommend improvements to influential government and non-governmental entities."[7] The Partnership has included, as part of their 2001-02 Work Plan, close review of the work of the ECMH Best Practices Project in order to determine how to utilize the Project's findings.

• Project Themes

The structure of the Early Childhood Mental Health Best Practices Project exemplified the following values:

1. Inclusion of *broad-based community involvement* in development of Project activities;
2. Reliance on *interdisciplinary teams* to carry out the work of the Second Year; and

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[7] Early Childhood Mental Health Partnership document, adopted June, 2000.

3. Commitment to addressing the *complexities and challenges* which are an integral part of interdisciplinary work.

The Early Childhood Mental Health Best Practices Project was planned as an *interdisciplinary effort*, one which would begin to build in the local community "agreement that current best practice is informed by a credible, maturing, widely shared body of knowledge."[8]

The diverse fields of the early childhood mental health system of care (child welfare, mental health, health, community justice, early childhood care and education, developmental disabilities, medicine) have been represented in each component of the Project. Thus, each group has confronted the challenges of recognizing and finding ways to accommodate each discipline's language, mission and philosophical perspective.

Throughout the work of the Project's Second Year, the sustained commitment to an ongoing interdisciplinary effort, though challenging, itself represented "best practice" in early childhood mental health. Ongoing, intentional and facilitated efforts to integrate knowledge, practice traditions, field-specific language and perspectives represent an essential aspect of gaining expertise in the emergent, cross-system, and multi-disciplinary field of early childhood mental health.

Key Messages

Key messages of the Project's Second Year include:

- Exploration of Best Practices in the context of a cross-system, multi-disciplinary effort will require development of some common language, mission, and perspectives that bridge the *framework diversity* which surfaces among the different disciplines in early childhood mental health;
- *Commitment to consensus-building* requires patience and willingness to listen;
- The *nature of the material* makes the work in ECMH personally as well as professionally challenging because practitioners are continually confronted by their own early experiences as they work in this field. A necessary part of professional development efforts is inclusion of system supports – such as reflective supervision – which promote personal reflection and integration of the "lived emotional experience" of early childhood mental health.
- The ECMH Project offers a place in which to *"braid together"* various strands of community activity, policy discussions, and related projects.
- *Capacity building* in the community will come about from individual efforts to share learning about best practices, as well as organizational and service system level dissemination efforts.

• Accomplishments of Year Two

Project Products

The Steering Committee and Workgroups developed these Project documents during the Second Year:

1. A Working Definition of Best Practices;
2. A list of core literature selected from the various professional fields linked to early childhood mental health;
3. Forms and a protocol for an interdisciplinary literature review;
4. Literature Critique notes, identifying Best Practices in ECMH, of more than 50 pieces of professional literature;
5. Best Practices Statements for ECMH gleaned from the review of literature;
6. Best Practice Statements regarding adult learning and professional development.

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[8] *Early Childhood Intervention: Views from the Field*, Jack Shonkoff, Deborah Phillips, & Bonnie Keilty (Eds.), National Academy Press, 1999.

Expert Review of the Project

A panel of highly regarded national experts were asked by Steering Committee members to give their professional feedback on the List of Literature and the Working Definition documents. The following list of experts endorsed the ECMH Best Practices Project materials and activities as being on the right track, and at the leading edge of thinking in this field:

- Robert Emde, M.D.
- Emily Fenichel, M.S.W.
- Ramona Foley, M.S.W.
- Stanley Greenspan, M.D.
- Jane Knitzer, Ed.D.
- Leslie Munson, Ph.D.
- Bruce Perry, M.D., Ph.D.
- Jack Shonkoff, M.D.
- Daniel Siegel, M.D.

Technical Assistance Consultation

In a series of consultations with Emily Fenichel, at ZERO TO THREE: National Center for Infants, Toddlers and Families, the Project received additional feedback, endorsement and encouragement. Ms. Fenichel commented that among other groups working on interdisciplinary early childhood mental health projects "no one has resolved the tensions" encountered in the process. She confirmed that the ECMH Best Practices Project is at the leading edge in asking central questions and identifying key issues. She remarked that the emphasis on, and commitment to, interdisciplinary process in this Project is "laudable".

Community Learning Event

In a cooperative effort characteristic of the Project, the Steering Committee, in partnership with the Northwest Early Childhood Institute, planned the Spring, 2001 Learning Event. In a fortuitous set of circumstances, Caremark and the Institute sponsored two other conferences just prior to the Best Practices event. The Multnomah County community savored a unique medley of internationally-recognized voices in early childhood mental health. Experts on attachment, neuroscience, and systems integration (specifically, Dr. Allan Schore, Dr. Kathryn Barnard, Dr. Charles Nelson, and Ms. Ruth Massinga) each presented current research and conceptual material of significance to understanding early development from a broad range of perspectives.

The ECMH Best Practices Project's Community Learning Event focused on attachment as a foundation for building community consensus about the early childhood mental health best practices principles. The format coupled conceptual discussion of attachment (provided by Dr. Kathryn Barnard) with an in-depth introduction to a research-based intervention program (Circle of Security, located in Spokane, Washington) for high-risk families, using innovative strategies for fostering healthy interactions and relationships between children and parents. The Community Learning Event in April, 2001 was a demonstration of Principles to Practice learning: moving from theory to implementation.

Ninety-two community members attended the training day funded by the Project. This group was diverse in representing several constituencies in early childhood mental health: clinicians, educators, social service providers, health and medical practitioners, researchers and parents. Evaluations of the day of training gave the presentation uniformly high satisfaction ratings. This feedback was reinforced by the fact that nearly everyone stayed for the entire session, on a Saturday following a full-day professional development forum the previous day.

Planning for the event generated a list of more than 125 community members, a broad cross-section of fields linked to early childhood mental health. These individuals are, potentially, future participants in Project activities. As well, the nearly 100 people who attended the Community Learning Event are now part of a growing community of practitioners who share common, foundational information about Best Practices in early childhood mental health.

• Best Practices Findings

Literature Review Workgroup Findings

Jane Knitzer's Ten Principles[9] for a service delivery system in early childhood mental health provided a framework for the Literature Review Workgroup to begin critically reviewing the list of selected literature. The Literature Critique Notes reference Knitzer's Principles, as well as provide the workgroup's own statements.

Fifty-plus items of current professional literature in fields linked to early childhood mental health were critiqued by the workgroup. Literature was organized into five focus areas – prevention, identification, assessment, intervention and multi-system integration. The workgroup members developed expertise and "literacy" as critical reviewers, and identified Best Practice Statements embedded in the articles they read and discussed.

The Workgroup's Best Practice Findings emphasize the centrality of relationships. The Best Practice Findings of the Literature Review Workgroup thus include many descriptions of ways in which relationships inform, shape, guide and foster early childhood mental health practices – ranging from assessment to intervention efforts.

The workgroup members found consensus in valuing relationships as the context within which to think about and "do" early childhood mental health. In article after article, across all the focus areas, promotion of relational health depended on developing healthy relationships between children and their family members, and between parents and practitioners.

System integration efforts are best served through formation of professional relationships on an individual basis, as well as between organizations, and among community members. In the multi-layered interactions among individuals, organizations, programs and systems, relationships which promote health and resilience were seen to be key to efficacy.

Knowledge of the ways in which relationships support children's developmental health, delineation of the *skills* required to enact positive relationships between and among practitioners, children and families, and articulation of the *values, attitudes and approaches* which support relational work were highlighted in the review of literature*.

As Robert Emde writes, in *FROM NEURONS TO NEIGHBORHOODS: Implications for Training,*[10] the Core Knowledge of Developmental Processes which "should be the basis for training early intervention practitioners" includes the science-based statement that "culture influences every aspect of human behavior".

The primacy of social and emotional experiences in early development reinforce Best Practices as embodying the following principles[11]:

- individualization (developmentally-focused; support for individuation);
- respectful interactions (attentive to cultural identity and integrity); and
- consistency (coordination of system elements to ensure continuity in care).

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[9] *Early Childhood Mental Health Services: A Policy and Systems Development Perspective*, by Jane Knitzer, in Shonkoff & Meisels, (Eds.), Handbook of Early Childhood Intervention, Cambridge University Press, 2000.

* See the Report of the Project Workgroups in the Final Report of the Project for further discussion of these topics.

[10] Robert Emde, ZERO TO THREE: National Center for Infants, Toddlers and Families, April/May, 2001.

[11] Adapted from Beverly Kovach and Denise Da Ros, *Respectful, Individual and Responsive Caregiving for Infants: The Key to Successful Care in Group Settings*, Young Children, May, 1998.

Learning Models Workgroup
This workgroup blended ideas gleaned from a literature review about adult learning and development, consultation sessions with faculty from the Training & Development Program at Portland State University, and reflections on their own adult learning experiences.

The Learning Models Workgroup focused on identifying effective strategies to promote change in adult behavior. From their research, it was clear that changing adult behavior is a challenging proposition. The Workgroup adopted a Learning Model (Russell, 2000) which delineates key steps in organizing learning, through four stages - priming, planning the learning experience, designing application opportunities, and completing results evaluation (including planning for future learning).

Additionally, this Workgroup identified keys to support professional development efforts:

- acknowledge the prior experience of adult learners; build from what they know;
- develop relationships with adult learners, to motivate and guide learning;
- follow the four-part development process: priming, experiencing, applying and evaluating;
- support organizational as well as individual change by institutionalizing support and accountability in the workplace (e.g., time for reflection and practice review through supervision and a positive climate for learning); and
- match instructional methods and approaches to adult learning styles.[12]

Relationships which engage, support and challenge professionals, paraprofessionals, parents and others to promote developmental health for young children will have the greatest efficacy in establishing the community climate for adoption of Best Practices for system and service integration. "The experience of supportive nurturing relationships in the workplace enhances the ability of program staff to enter into supportive, nurturing relationships with families. Reflective supervision, peer support, and training provide the fuel to support and nurture [staff]."[13]

The documents and products of the Second Year workgroups, and the Steering Committee guidance of the Project will provide foundational material for continuing community learning in the future.

• Plan for Dissemination

Year-end planning activities included a Strategic Planning Session for Steering Committee Members to forecast Year Three dissemination efforts, and a Project Summit for all Project participants to "braid together" the components of the Project and exchange perspectives about all that was learned over the course of Year Two. The Steering Committee will review the discussion and recommendations from both sessions, and the workgroup reports as they develop specific plans for the future of the Project.

Recommendations
The Literature Review Workgroup recommended that an extended review of literature focused in the area of culturally appropriate practices be included for future activities of the Project.

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[12] Specifically, the Kolb Learning Style Profiles. See David Kolb, Experiential Learning, Prentice-Hall, 1984.

[13] *Caring for Caregivers: Supporting the well-being of at-risk parents and children through supporting the well-being of the programs that serve them*" by Victor Bernstein, Sally Campbell and Adrienne Akers, in J. Hughes, J. Close and A. La Greca (Eds.), Handbook of Psychological Services for Children and Adolescents, 2001.

The Learning Models Workgroup recommended that cultural competency issues be the focus for a community learning event in the future. An in-depth consideration of culturally appropriate practices through background research, expert presentations and practitioner discussions is necessary to do justice to this critically important, complex and multi-faceted topic.

Work Plan for Year Three
The Work Plan for Year Three is in development. Details are available from the Project Coordinator, Barbara Brady[14].

An overview of major activities forecasted for Year Three is provided below:

1. Continuation of Literature Review
Emerging literature identified during the second year of the Project will be reviewed. A system for information management, as the professional literature across the converging fields of ECMH continues to be published at a rapid rate, is under consideration.

2. Fund Development for the Project:
The Steering Committee will continue to review the *fiscal needs* of the Project during its third year of implementation, strategizing ways to ensure sustainability through infrastructure development.

3. Professional Development:
Dissemination of best practices findings will be a central focus for Year Three of the Project. Embedding best practices in the community follows widespread sharing of Project learning.

4. Infrastructure Development:
Planning discussions during the Project Summit on June 1, 2001 made clear the need to find ways to ensure that the Project, for its ongoing efforts, have appropriate staff support. Project Summit participants considered design and development of this human resource infrastructure a top priority for future planning.

5. Third Year Learning Event:
The best practice findings of Year Two will be used to guide planning for a community learning event during the coming year of the Project.

One result of the 2001 Community Learning Event was linking the ECMH Best Practices Project with additional partners to plan next year's learning event. Partners at this juncture include the NW Early Childhood Institute and the Oregon Psychoanalytic Foundation.

• Conclusion

The Best Practice Findings of the ECMH Best Practices Project's Workgroups point the way towards practice improvements in Multnomah County, Oregon. In keeping with the objectives of the Safe Schools/Healthy Students Initiative, and the host of community based efforts to increase system capacity through collaboration and cross-system networking, the ECMH Best Practices Project has begun to map the landscape of early childhood mental health. The Project's Best Practices Findings help chart an evidence-based path to strengthen community efforts to develop infrastructure for child and family serving programs.

Working from a strong commitment to an interdisciplinary process, the Project discovered a new social cartography: figuring out, through ongoing relationships among individuals from a variety

[14] Contact information: Multnomah County Department of Community & Family Services, Division of Behavioral Health, 421 SW 6th, Suite 500; Portland, Oregon 97204; (503) 988-3999 X24960; barbara.l.brady@co.multnomah.or.us

of disciplines, how to talk about common concerns with a commonly understood language, to listen for variation in perspectives and philosophies, in order to broaden and deepen their own practice skills and sensibilities. Many workgroup members pointed to their need for increased networking and information-gathering as an initial motivation for joining the Project; at the end of the Second Year, these participants pointed out the impact of the Project for them as including increased awareness of the points of view of others, and the enrichment of their own professional practices resulting from the *discipline* of working intensively, over time, in an interdisciplinary manner.

The findings of both workgroups dovetail with the learning event focus: all emphasized the primacy of relationships as the key structure, process, content and focus for effectively promoting developmental health for children and families. It is through relationships, at all levels, in all locations, and in all interactions - with families, the service delivery system partners, individual practitioners, the broader community, and public policy makers – that opportunities will emerge to address the societal crisis impacting children and families in our communities.

Beyond the "sheer amount of work – which has been tremendous"[15]- during its Second Year, the ECMH Best Practices Project has sustained a commitment to the multidisciplinary dialogue so necessary for furthering the work to be done in the arena of early childhood mental health. Dedication to development of a common language about the issues, as well as commitment to learning the language of other disciplines will well serve all efforts to learn the new, integrative field of early childhood mental health, in order to promote best practices.

Dissemination of the learning gained through the work of the Second Year contributes to the continuing and multi-layered conversation about best ways to provide for the health and well-being of children. Fulfillment of the goal of the ECMH Best Practices Project will come about as these findings are digested, integrated and implemented throughout the community.

For Additional Information, Contact the Project Coordinator:
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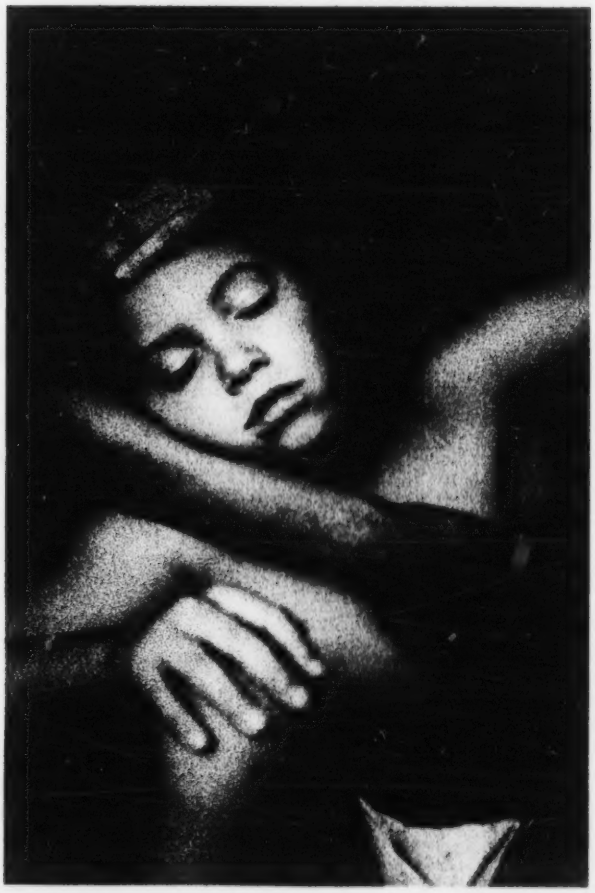
[15] Personal communication with Emily Fenichel about Project accomplishments during the Strategic Planning Session, May 2001.

The Early Childhood Mental Health Best Practices Project

FINAL REPORT ON PROJECT ACTIVITIES, YEAR TWO

June, 2001

Project Workgroup Reports



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Supervisor, Portland Early Intervention Program

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June, 2001

The Early Childhood Mental Health Best Practices Project

Workgroup Participants

2000-2001

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Stephen Mandler, DO	Child & Family Clinic
Rex Newton, Ph.D	Community Adult Justice; Board of Directors, Portland Relief Nursery
Roberta Recken, MEd	Fruit & Flower Child Care Center
MaryJo Rooney, MEd	Early Head Start Family Center
Kurt Wehbring, MA	Northwest Early Childhood Institute
Shelley Yoder, MSW	Mt. Hood Community College Head Start

With That Moon Language

Admit something

Everyone you see, you say to them,
"Love me."

Of course you do not say this out loud;
Otherwise,
someone would call the cops.

Still though, think about this,
this great pull in us
to connect.

Why not become the one
who lives with a full moon in each eye
that is always saying,

With that sweet moon
language,

What every other eye in this world
is dying to
hear.

Shamseddin Mohammad Hafiz

The Early Childhood Mental Health Best Practices Project

FINAL REPORT ON PROJECT ACTIVITIES, YEAR TWO

June, 2001

REPORT OF THE PROJECT WORKGROUPS

"Relationship is a pervading and changing mystery."

Eudora Welty, Author

This section details the accomplishments *and* the processes of the two Project Workgroups that completed activities during the second year of the ECMH Best Practices Project.

• Description of the Project Workgroups

Two community-member workgroups were central components of the Early Childhood Mental Health (ECMH) Best Practices Project during its second year.[1]

The workgroups were formed in September, 2000 to complete tasks assigned by the Project Steering Committee. The idea for formation of these workgroups came out of implementation planning which followed the Community Work Session (June, 2000) at which fifty community partners discussed goals and objectives for the Project, and brainstormed ideas for the work to be completed during Year Two. Participants prioritized a broad spectrum of brainstormed activity areas which were used as a basis for planning and implementation of the Project.

The ECMH Project planners viewed workgroups as an effective structure to –
- Maintain a multidisciplinary approach throughout the Project;
- Engage community members in the work of the Project; and
- Complete key activities identified during the Community Work Session.[2]

Scope of Work
The Project planners organized key activities into two general areas. The Project Workgroups completed investigations into Principles of Best Practice in early childhood mental health as they relate to:

(1) *services for children and families*, including service coordination and integration, across five topic areas – prevention, identification, assessment, intervention and multi-system integration; and

(2) *professional development* and continuing education efforts for practitioners working in a wide spectrum of fields, programs, agencies and settings.

The Project Workgroups – identified as the Literature Review Workgroup and the Learning Models Workgroup – completed the following Project activities during the second year.

The *Literature Review Workgroup* focused on –
- Identification of best practice principles in ECMH services through a review of literature.

The *Learning Models Workgroup* focused on -
- Identification of best practice principles for professional development of practitioners in fields linked to ECMH.

Composition of the Project Workgroups
Each of the Project workgroups was comprised of a broad spectrum of community members. Recruitment of workgroup members began by identifying specific field representation for the workgroups. This planning helped fulfill the Project goal of cross-disciplinary workgroups. The chart below, *Interdisciplinary Representation in Workgroup Membership*, shows the fields represented in the workgroup membership.

Workgroup members were recruited by the Project Development Consultant, through contacts in the community, the attendance lists from the Community Work Session, community partner groups (e.g., the Early Childhood Care and Education Council). and through word of mouth.

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[1] Details about funding, sponsors, and partners of the ECMH Project are included in the Full Report on Project Activities, Year Two.

[2] Please see the Project Final Report, Design of the Project for additional information about the planning process.

Workgroup members were recruited as community volunteers for the Project. The finalized list of members for each workgroup reflects not only individual commitment to serve on the Project for the second year, but a commitment on the part of some of the agencies to "sponsor" the member's participation by including the time required for attendance and related work as part of their regular work responsibilities.

As the Project went forward, it became challenging for all of the Project Workgroup participants to maintain a commitment to the workload represented by workgroup membership. The workload for the Literature Review Workgroup in particular entailed a great deal of outside time to read and prepare notes for the critique process.

Anticipated workgroup membership was 8-10 individuals for each group. This expectation was *exceeded* by community response to participate in the workgroups. Workgroup membership finalized before the first meeting in September, 2000 showed beginning membership for each workgroup was as follows:

- Review of Literature = 14 members
- Learning Models = 15 members

An Orientation Packet[3] was developed for the workgroups, and sent to each workgroup member along with background materials and preliminary reading.

Over the course of the Project's second year of activities, attrition impacted the workgroup membership. Additional members were added late in the Fall, 2000, after some initial attrition made the group size untenably small. During the final months of the Project's second year, workgroup attendance in the Literature Review Workgroup averaged eight; in the Learning Models Workgroup, it averaged 6.[4]

Interdisciplinary Representation in Workgroup Membership

FIELDS	Number of Workgroup Members	
	LITERATURE REVIEW:	LEARNING MODELS:
Education; Public & Higher	1	1
Early Childhood Care and Education	3	4
Mental Health	4	4
Medical	1	1
Developmental Disabilities	0	1
Child Welfare/Justice	3	3
Research	2	1

[3] The Workgroup Orientation Packet is included as Attachment G of the Final Report.
[4] NOTE: The larger workgroup size at the beginning of the Project second year may have helped to ensure that the workgroups had the capacity to complete their assigned work, retaining membership sufficient to function with a "core" group smaller than the original.

• The Literature Review Workgroup

Scope of Work
The Project Steering Committee's charge to the Literature Review Workgroup was to:
1. create a compendium of professional literature, representing the interdisciplinary influences found in the field of early childhood mental health;
2. review selected literature and identify Principles of Best Practice in the literature;
3. identify the topic areas represented by the articles (e.g., Prevention, Identification, Assessment, Intervention or Multi-system Integration); and
4. develop a statement of the Best Practice Findings compiled from the literature.

Workgroup Accomplishments
The Literature Review Workgroup -
1. developed and used both an individual and a group critique form;
2. read and reviewed 50+ pieces of literature;[5]
3. articulated Best Practice Findings based on the reviewed literature; and
4. made recommendations to the Project to extend and deepen the Literature Review work.

Document Development
The Workgroup completed several tasks before tackling, in earnest, the literature review. These tasks were:
1. Crafting a Working Definition of Best Practices
2. Development of the Individual Critique Form
3. Development of the Group Critique Form
4. Contingency planning for continuity of critiquing, despite member absences.

1. Working Definition of Best Practices:
Development of language with which to talk about, much less critically review, the literature took time, and practice. The drafting of a Working Definition of Best Practices, the first major task for the Literature Review Workgroup, provided opportunity for both common language development, and practice in accommodating interdisciplinary divergence.

In several ways, this task, though it was an unexpected agenda item for the Workgroup, was a near-perfect launching point for the workgroup. In addition to developing a foundational document for the Project, the task offered a vehicle for the Literature Review Workgroup members to test their knowledge base and skills in a specific way.

The work involved in crafting the language of the Working Definition of Best Practices sharpened awareness early on about the importance of clarifying language, not assuming common understanding of commonly used vocabulary, and honing consensus about the central issue of the Project: best practices in early childhood mental health.

The necessity of developing the Working Definition of Best Practices document was evident due to the lack of agreement among the workgroup members (or among the Project Steering Committee members, for that matter) about what was meant by the term, *best practices*.

The Literature Review Workgroup went through some initial "storming" during this task, yet managed to maintain the ground rules established at the outset of the workgroup.

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[5] The Literature Review *Critique Notes* completed by the Project Literature Review Workgroup are published as a separate document, and included in the Appendix of the Project's Final Report.

The time and effort devoted to achieving clarity about the definition of best practices provided an important opportunity to practice -

- Listening to one another;
- Recognizing common ground;
- Accommodating disagreement; and
- Using language with specificity and intentionality.

Practice of these skills was an important precursor for the critical thinking which was required of all workgroup members during the literature critique discussions.

2. Design of Forms, Format and Protocols for Literature Critique:
Basic forms were presented to the Workgroup, in draft, for discussion and revision. The individual critique form received the most initial attention from the group.

Both forms "settled" into a routine of practice fairly quickly, and did not require major modifications after the initial few rounds of literature review were completed.

The two forms – individual and group – were combined for the Final Report. Literature Critique Notes include information from both sources. [Critique Notes are located in the Appendix of the Final Report.]

The practice in designing, refining, and using specific task "aids" prepared the workgroup members for their larger task, and supported the group processes and cohesion necessary for the intensive work involved in reviewing the literature as an interdisciplinary group.

• Assembling the List of Literature

Literature was culled from the fields of Child Welfare, Early Childhood Care and Education, Mental Health, Health, and Medicine. Project Steering Committee members, the Project Coordinator, and Project Development Consultant as well as workgroup members were polled to identify literature to be included in the review.

An initial Literature List of approximately 40 items was assembled.[6] During the course of the Project's second year, additional items were discovered, newly published, or recommended by the field experts invited to comment on the Project. Several items from these sources were included in the literature review completed during the Project's Second Year.

Items on the list of literature were classified in five areas, representing various aspects of the continuum of care: prevention, identification, assessment, intervention and multi-system integration. As the workgroup completed critiques on individual articles, it became apparent that many articles represented more than one of the focus areas. Some articles combined prevention considerations with intervention, or crossed from assessment to intervention. The List of Literature, and the Literature Critique Notes indicate which focus areas the Workgroup members identified for each of the items read.

As an initial strategy for selecting articles for the workgroup to read, this grouping system ensured a balance among the various aspects of early childhood mental health. The five focus areas provided one lens with which to view the professional literature. Since many aspects of infant mental health overlap, combine and interact with each other, classification systems for early childhood mental health literature need to reflect this complexity.

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[6] The List of Reviewed Literature is included in the Appendix of this report.

Other categories for organizing the literature might utilize Jane Knitzer's Guiding Principles for Best Practices[7] to develop categories for the literature. For example, literature which addressed the Best Practices Principle "family-centered" would be included in one group. This approach to cataloging literature could include all five focus areas as subsets, describing *family-centered* services from the perspectives of prevention, identification, assessment, intervention, and multi-system integration.

Literature on Cultural Competency

The Literature Review Workgroup members identified a gap in the initial list of literature: a lack of material on culturally competent practices. This is an area of inquiry which many Project Workgroup members believed needed considerable attention and focus from the Project. However, during the second year of the Project, workgroup members decided to "bookmark" the complex and multi-dimensional topic of Cultural Competency Best Practices for future consideration.

Some items related to culturally competent practices were located and added to the Literature List. These included the SAMSHA document, Cultural Competence Standards, as well as articles from other sources. Overall, the Workgroup members were not satisfied with the coverage of this topic. The Literature Review Workgroup recommends that future literature review (as well as learning events) include resources which will illuminate this significant area of concern.

The Project Development Consultant also sought guidance on sources specifically related to culturally appropriate practices from Emily Fenichel, at ZERO TO THREE: National Center for Infants, Toddlers and Families. Ms. Fenichel provided the Project with a list of several recommended readings. Upon further investigation by the Project Development Consultant, these volumes turned out to be available only by special order, and more expensive than the Project could afford.[8]

Parking Lot of Literature for Future Review

Throughout the Project's Second Year, literature continued to come to the attention of the Literature Review Workgroup members and the Project Steering Committee members. The review of current literature became a moving target, due to the explosion of publications in the fields which intersect in early childhood mental health. Staying abreast of the flood of literature will continue to present challenges to the Project.[9]

References which address cultural competency, as well as other, incompletely represented issues in early childhood mental health (neurobiology, trauma, and early brain development research) are now listed in a forty-plus-item Parking Lot of Literature, accumulated through the workgroup member suggestions, field expert recommendations and recent publication of articles and books. This list is a starting point for future Literature Review.[10]

Foundational Literature for Early Childhood Mental Health

The Literature Review Workgroup worked within the guidelines set by the Project Steering Committee regarding the appropriate "age" of professional literature for review. The Project

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[7] Knitzer's Principles were adopted by the Project leadership as foundation for the work of identifying best practices through the literature review. These are listed in a later section of the Project Workgroup Report.

[8] N.B. There was no budget line to accommodate purchase of materials for the Literature Review.

[9] Infrastructure for Information Management Systems is part of the strategic planning for future activities of the ECMH Project.

[10] The Parking Lot of Literature for Future Review is included in the Final Report's Appendix.

Steering Committee decided to set a time boundary for inclusion of publications on the List of Literature. The guideline was inclusion of articles and books published within three years of the beginning of the Project.[11]

While this publication timeframe did not curtail the possible number of literature items that could have been included on the list, it did limit consideration of a body of literature which the Workgroup members came to understand as "foundational". As the literature review progressed, the Workgroup members recognized some gaps in the selected literature, due to exclusion of older articles. Workgroup members developed a list of content areas they regard as essential areas for knowledge development for practitioners in early childhood mental health.

1. List of Core Concepts & Topics in ECMH:

The Literature Review Workgroup formulated the list of core concepts below as a companion to the List of Literature reviewed during the Project's Second Year. Workgroup members believed there is a need to conceptually "ground" the work of early childhood mental health practitioners in several "core" knowledge areas.

Workgroup members recognized that the knowledge base of practitioners continues to be informed by "classic" literature of the historical precursors of Early Childhood Mental Health (e.g., John Bowlby, Selma Fraiberg, and many others).

[11] As will be noted on the List of Literature bibliographic notations, this standard was not held for all the material reviewed during the second year.

Core Concepts for Early Childhood Mental Health Fields

Concept Area	Topics – Knowledge Base
Attachment	• Attachment & Loss • Adoption & Foster Care • Failure to Thrive • Patterns in Attachment
Temperament	• Personality • Biological Influences • Individual Differences • Moderating Temperament strategies and interventions • Child Match and Mismatch with Caregiver
Normative Development	• Ages & Stages • Milestones in Development • Includes: cognitive, emotional, physical, communication • Regulatory Capacity
Developmentally Appropriate Practices	• Domain of ECCE • Field perspectives • Prevention approaches
Understanding Developmental Difficulties	• Biological Vulnerabilities • Environmental Stressors • Diagnosis/assessment • Identification
Family Involvement	• Relationship development • Engagement with professionals • Child/family/provider interactions
Community Support	• Multi-system integration • System development • Systems coordination

2. Related Work in the Field:

The Literature Review Workgroup's list of Core Concepts lines up with other work in the field, namely, the *Common Infancy Core*, attributed to Thorp & McCollum (1994)[12] which identifies the attitudes, attributes, skills and knowledge deemed essential knowledge areas for Infant Mental Health Specialists. The Common Infant Core is included below.

[12] Cited in *Personnel Preparation for Early Childhood Intervention Programs*, by Nancy Klein and Linda Gilkerson in Shonkoff & Meisels (eds.) Handbook of Early Childhood Intervention, Cambridge University Press, 2000.

Common Infancy Core

Infant-Related →	• Ability to learn from observation • Understanding of typical and atypical development • Knowledge of medical complications in infancy
Family-Related →	• Awareness of family systems • Cultural variations in parent's style • Understanding sources of vulnerability • Supporting family strengths and natural systems • Supporting healthy parent-child relationships
Team-Related →	• Common vocabulary • Models of teaming • Ability to integrate knowledge from another discipline • Joint planning and problem-solving strategies • Conflict resolution skills
Interagency, Advocacy-Related →	• Knowledge of state legislation • Coordination of programs across agencies • Knowledge of parent rights • Ability to "de-discipline" and "deprogram" one's self to make sue of a wide range of community resources
Personal Attributes →	• Capacity for relationships • Flexibility • Maturity • Independence and initiative • Self-knowledge

• Investigation of Principles of Best Practice in ECMH

The Project Steering Committee endorsed Jane Knitzer's Ten Principles for a service delivery system in early childhood mental health.[13] These principles provided a framework for the Literature Review Workgroup to begin their work of critically reviewing the list of selected literature.

Knitzer's Principles for best practice in early childhood mental health are summarized below:

Guiding Principles for Best Practice	
❑ Family centered	❑ Sensitive to cultural, community and ethnic values
❑ Supportive of all caregivers	❑ Access to clinical, consultative and supervision services
❑ Services are delivered in natural settings	❑ Strengthening of competencies
❑ Respect for developmental processes	❑ Access to crisis intervention and support services
❑ Individualization	❑ Building partnerships in the community

The Literature Review Workgroup members wrestled with their charge to identify Best Practices, in the face of reading through the Knitzer Principles. It seemed to the Workgroup that the work

[13] *Early Childhood Mental Health Services: A Policy and Systems Development Perspective*, by Jane Knitzer, in Shonkoff & Meisels, (Eds.), Handbook of Early Childhood Intervention, Cambridge University Press, 2000.

had already been completed. This raised questions about what their work would represent, given the Project's endorsement of Knitzer's work as informing best practices in service delivery.

There was *not* consensus within the Workgroup that the Knitzer Guiding Principles represented a complete statement of best practice for early childhood mental health. There was disagreement about selecting a "single source" for best practice statements. The discussions about best practices statements aired a number of conflicting viewpoints, drew into question the charge to the workgroup, and provided more practice for the Workgroup to listen, find common ground, and formulate their workplan. The ownership of the Workgroup to the work they undertook grew in depth and breadth as a function of wrestling with this initial conundrum.

Knitzer's Principles were included in the forms for literature critique, as a reference point and checklist for the review process. The Workgroup members formulated their own Best Practice statements, discussed later in this report.

• Literature Review Protocols

The Literature Review Workgroup, with the assistance of the Project Development Consultant, designed forms for both the individual review and group critique of each piece of literature selected for review.

The Workgroup members and the Project Development Consultant developed the format and protocols for managing the critique process, as described below.

1. Workgroup Agreements for the Literature Review:

- Every article will be read *by at least* two people, and preferably three.
- Each article will have critique notes recorded from both individuals and the small group.
- Standard forms for review - one for individual review and the other for group discussion - will be used consistently, and revised as needed.
- Critique Notes will be given to the Project Development Consultant on the same day they are completed. Copies of the critique notes will be made for workgroup members who want to keep their own record of the work.

2. Reading Groups:

The Literature Review Workgroup members divided themselves into Reading Groups, so that the pace of review could go faster. A group of 2-3 (and sometimes 4) people would form a Reading Group and select two or three pieces of literature to read for the following month's meeting.

As the Literature Review Workgroup began the critique process, articles were identified as "belonging" to one of five focus areas: Prevention, Identification, Assessment, Intervention and Multi-system Integration. Initially, workgroup members were asked to read *within* a focus area, and maintain their focus on one aspect of early childhood mental health.

Members of the workgroup wanted to read a variety of articles; they mixed and matched between the stacks of literature sorted by focus area. The sorted literature was then "unsorted"; reading assignments proceeded as a function of personal and small group preferences.

Often, motivation to read an article from a particular focus area or discipline was prompted by relative unfamiliarity with it. For example, someone from a clinical mental health field was eager to read "prevention" literature from early childhood care and education, to gain perspective on that field's perspectives and take a break from the intervention literature she was accustomed to reading.

At time went on, individual workgroup members found themselves wrestling with the degree of "unfamiliarity" they were willing and able to tolerate, and also questioning their own sense of revealed bias: an unwillingness to accept or consider the point of view of a different discipline than their own. There was talk in the workgroup about the "fluff factor": articles which were deemed "too soft" (non-scientific; more intuitively based, or written at a literacy level readers were unaccustomed to seeing).

3. Method for Tracking Reading Assignments:
Each small reading group self-assigned readings.

Literature was prepared for Workgroup meetings in the following way: Three (3) copies of each article were made[14], and identified by a post-it note with the author, title and copy number written on it. When the article was taken for review, members of the Reading Group signed their name to the post-it and returned it to the Project Development Consultant. A running record of the articles selected for review was updated monthly so that progress through the whole list of literature was tracked more readily.

Of course, this system was not fail-safe, but the workgroup members used it with a high degree of reliability. This method helped keep track of which articles had been read, individually reviewed and critiqued by the group, and which had not yet received that attention.

4. Method for Tracking Group Discussion Highlights:
Each Reading Group member was responsible for preparing the Individual Critique Form prior to the workgroup meeting. During the group's discussion of the article or book, the Group Critique Form was used. Each person in the Reading Groups was expected to take a turn as the Recorder, and to ensure that all the "voices" of the group would be represented in the critique notes. Group members also assisted the person completing the critique form in order to ensure that discussion points, highlights and best practice statements were captured with language the group members agreed on.

Periodic review of the individual and group critique forms, as well as the critique format, provided opportunities to refine the critique process. The form as a container for capturing group discussion worked well for the critique notes and reflects the deep process of critical thinking that evolved during the literature review.

5. The Organizing Question:
Maintaining a clear focus on the task of identifying Principles of Best Practice for early childhood mental health was a challenge.

As the number of articles reviewed by the workgroup piled up, and their skill as critical reviewers increased, the Workgroup members were occasionally tempted to look for practice algorithms, rather than the broad consensus about values, attitudes, knowledge, and skills which would identify Principles of Best Practice.

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[14] Copying material for the literature review posed a temporary barrier for the Project, due to copyright issues. The legal counsel for MCDCFS advised that a 3-copy limit be imposed for the purposes of the Project Literature Review. Once copies had been made, whether they got mislaid or otherwise lost, there was an injunction *not* to do replacement copying. This guideline was strictly observed by the County staff who assisted with clerical support for the Project.

At the beginning of the Project, Workgroup members read *Developing Practice Guidelines in Mental Health Care & Addictions Services* (National Council for Community Behavioral Healthcare, April/May, 2000; www.nccbh.org). Over the course of the year of work, the Taxonomy for Informed Decision-Making[15] was a critical tool for the workgroup.

[15] The Taxonomy for Informed Decision Making is included as Attachment M of the Final Report.

TAXONOMY[1]

FOR INFORMED DECISION MAKING
in
BEHAVIORAL HEALTH ASSESSMENT & TREATMENT

[1] *Developing Practice Guidelines in Mental Healthcare & Addictions Services*, National Council for Community Behavioral Healthcare, April/May 2000. www.nccbh.org

The Taxonomy assisted workgroup members in clarifying *what* it was they were looking for, and helped them know *when* they had found it.

The Taxonomy, as well as development of the Working Definition of Best Practices[16], helped frame and focus the literature critique discussions. These two documents became primary touchstones for group members, and were used to periodically refresh and reorient the perspective of the group when they were confused, or began to veer off-track from their charge. The Working Definition and the Taxonomy provided much-needed grounding, guidance and task boundaries.

The organizing question for the literature review was: *In what ways did the article or book address, clarify or illustrate Principles of Best Practice in early childhood mental health?*

Leadership in the Literature Review Workgroup
As the Project progressed through the second year, individuals within the workgroup emerged as periodic leaders. No one person seemed to dominate the group processes or decision-making discussions. These leadership contributions were specific, time-bound, and serendipitous.

Leadership examples include:

- One of the Literature Review Workgroup members was "deputized" as a Steering Committee member in April, 2001, in order to represent the workgroup at the Project's Strategic Planning session in early May. This member provided significant insights into the Project to the Steering Committee members as well as the Project Coordinator.
- Another workgroup member provided timely access to the technical assistance infrastructure at the Regional Research Institute, Portland State University. This assistance was critical for locating missing bibliographic information for the List of Literature. This person also provided assistance in designing the individual critique form used by the workgroup.
- Another workgroup member accepted delegation of the task of identifying a universal screening tool. This person reviewed The Early Screening Project: *A Proven Child Find Process*[17], and followed up on leads to a statewide group involved in critically evaluating and selecting a tool for this purpose.
- Others helped to ensure that the workgroup maintained a steady pace of literature review by contacting group members outside of meetings, mailing reading material, and taking additional reading, as needed.

• Developmental Processes of the Literature Review Workgroup

The Literature Review Workgroup met monthly in three hour sessions, beginning September, 2000.

The Literature Review Workgroup progressed through all the stages of group development: Forming, Storming, Norming and Performing.[18]

At the first meeting, the charge to the workgroup was reviewed in depth, as was the timeline[19] for completion of the assigned tasks.

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[16] The Working Definition of Best Practices is included as Attachment I in the Final Report.
[17] Authored by Hill Walker, Herbert Severson and Edward Feil, published by Sopris West, 1995.
[18] Stages & Dynamics in Group Development, Attachment J of the Final Report.
[19] Tasks and Timeline for the Workgroup are included as Attachment H of the Final Report.

The first meetings of the Literature Review Workgroup included several structured group discussions. Topics included: identification of motivations to participate in the Project, group expectations about their participation, exploration of concepts, language, and divergent points of view on common material (one example is the Workgroup's critical examination of the Knitzer Principles), and clarification of the assigned task.

1. Engaged Self-Interest:

The Literature Review Workgroup began its developmental process by identifying motivating factors which supported each person's decision to participate in the Project (and the literature review workgroup specifically). Themes of engagement which emerged from this conversation included:

- Opportunity to apply the Project to their current work;
- Opportunity to make connections with other people in related fields; and
- Opportunity to use the Literature Review task to deepen their personal and professional knowledge base.

2. Developing a Common Base for the Literature Critique:

Early discussions in the Literature Review Workgroup proved pivotal for developing foundational Project documents (such as the Working Definition of Best Practices[20]), designing the forms and format for the literature review, as well as supporting the workgroup's developmental processes. These discussions brought forward many of the dynamics which would be synthesized as the concept of Framework Diversity (discussed later in this report).

When the group first began to read articles together, there was more storming, as people worked to agree about which articles to read, how to form reading groups, and how to think together, critically, about best practices as illustrated in the articles.

The points of disagreement which emerged in the literature review included:

- Differential valuing of articles from certain fields: early childhood development articles tended to be less valued than medical research papers;
- Clinical practice papers led some group members away from the task to review for a broad brushstroke statement about best practice and into consideration of algorithms. [The Taxonomy for Informed Decision-Making, included as an orientation article at the first meeting of the workgroup, was instrumental in helping keep group members on track with the task.]

3. Working the Process; Allowing the Process to Work:

The Literature Review Workgroup did not hit its "full stride" until December, 2000. By that time, workgroup members were clear about the task, had developed common language for talking about best practices, and had devised the protocols necessary to complete their task of critiquing the 50+ articles on the List of Literature. By January, 2001, the Literature Review Workgroup was "performing" – critiquing more than 10 articles at each meeting.

A critical juncture in the early developmental processes of the Literature Review Workgroup included formulation of the Working Definition of Best Practices. This was the first substantive task the workgroup took on and completed to everyone's satisfaction.

[N.B. The "deputized" member of the workgroup reported at the Strategic Planning session that the time spent early in the Project year on workgroup process and group development dynamics

[20] The Working Definition of Best Practices for the Early Childhood Mental Health Best Practices Project is included as Attachment I of the Final Report.

(including a period of "storming" about their charge, among other issues) was necessary for the group to complete its work.]

Understanding Framework Diversity

The Literature Review Workgroup discovered many points of commonality as well as diversity within the group. Common goals with regard to serving children and families were readily identified; roles and functions in providing those services led immediately to divergent opinions, perspectives, and practice parameters. When commonalities sequed into assumptions about shared viewpoints, conflicts arose. Workgroup members learned to listen carefully to one another during discussions, to discern when the common ground had shifted.

The workgroup came to understand the tensions which emerged during critique discussions as reflective of the dynamics engendered by divergent points of view. While Workgroup members were strongly connected to the common ground of promoting developmental health and well-being for all children, they also disagreed about many practice aspects of ECMH. The term *Framework Diversity* was coined to name these dynamics. These discussions and reflections led to the document presented below.

The Framework Diversity description and the schematic presented below were developed by the Workgroup and the Project Development Consultant. The schematic represents the conceptual understanding of dynamic tensions workgroup members encountered as they completed the task of critically reviewing literature from many different disciplines in early childhood mental health, working in small groups that included members from a variety of professions.

Framework Diversity
in Early Childhood Mental Health Fields

The experience of the two ECMH Project Workgroups during Year Two identified some important dynamics of interdisciplinary work. The diverse professional frameworks represented in early childhood mental health fields have the *potential* to create conflict within interdisciplinary teams. Conflicts can arise for a variety of reasons, including misunderstandings in language use, lack of tolerance for differences, or lack of practice considering what seems familiar from an unfamiliar point of view.

Tension, when managed, can provide creative energy for work processes.[21] Discovering the rich dimensions of Framework Diversity provides an opportunity to "embrace complexity".[22] A commitment to interdisciplinary work is itself considered to be a "best practice".[23]

The following list of suggestions evolved from the experience of the Workgroups, and reflect principles of best practice in the literature on collaborative processes.[24]

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[21] Paraphrase of Donald Hall's dictum regarding the creative energy which can arise from contradictions.

[22] Personal communication, Spring, 2001 with Emily Fenichel, Editor, Bulletin of ZERO TO THREE: National Center for Infants, Toddlers and Families.

[23] Several sources suggest that the emergent field of early childhood mental health is a necessarily interdisciplinary one. See Handbook of Infant Mental Health, From Neurons to Neighborhoods, and the Handbook of Early Childhood Intervention and the Project List of Reviewed Literature for sources.

[24] Michael Winer and Karen Ray, Collaboration Handbook, Amherst Wilder Foundation, 2000.

Some Tips for Managing Framework Diversity

- Identify early, and continue to clarify, common goals and common ground for the group as a whole.
- Engage individual self-interests and individual motivation to participate.
- Encourage tolerance of ambiguity.
- Structure opportunities for individuals to make relationships with one another.
- Establish discussion ground rules, including how to manage conflict.
- Facilitate the process of the group; expect a "lived emotional experience".
- Make Framework Diversity "normative"; welcome the struggle for understanding as a valued part of interdisciplinary process. Welcome conflicts as informative and clarifying of content.

The *Framework Diversity* schematic on the following page lists some of the elements of dynamic tension which can surface between Science/scientists and Practice/practitioners, which represents one strand of diversity which occurs in early childhood mental health.

Framework Diversity		
Science & Scientists	⇒	⇐ Practice & Practitioners
	Seeking Common Ground ⇔	
Rational		Intuitive
Evidence-based		Anecdotal
Scientific methodologies	Embrace Complexity ~~~	Experiential
Evolving	Energy from conflict ~~~	Practice traditions; Practice wisdom
Reflective		Concrete: daily
Data-based		Relational
Outcome-oriented		Impressionistic
Non-urgent: modest		Urgent: client needs are NOW
Future oriented		Present oriented
Defining the "ideal"		Pragmatic

"At this early stage, there is clearly much that remains to be learned. Research findings must inform and update clinical practices even as clinical practice focuses and enriches research questions."[5]

[5] *Islands of Safety: Assessing and Treating Young Victims of Violence*, Joy Osofsky and Emily Fenichel (eds.) Zero to Three: National Center for Infants, Toddlers and Families, 1996.

Development of Critical Thinking Skills

The challenges and conflicts encountered by the Literature Review Workgroup members as they completed the tasks related to the investigation of Principles of Best Practice in services for children and families through the literature critique honed critical thinking skills.

Evaluating individual pieces of professional literature brought up many issues related to field-specific reportage practices. The benchmark of "evidence-based" best practices created a dilemma for the Literature Review Workgroup. The group members found themselves debating the value of articles based on their discipline of origin. Those articles which reflected a reliance on practice wisdom (even of decades-long standing, as is often the case in early childhood) were less valued by some workgroup members than those based on more rigorous research methodologies (as is frequently the case with medical or clinical psychology articles).

The tensions in the workgroup which arose over differences in valuation of literature based on its field of origin are not easily resolved, but they did feed the analysis of literature, and the delineation of Best Practice Findings for the Literature Review Workgroup.

One way in which this conflict surfaced was use of the terminology- the "fluff factor" – to designate articles which were not as valued by some members of the group. While this phrase chagrined some workgroup members (especially those whose field expertise was more steeped in intuition and practicality), it also provoked value discussions which clarified best practices.

The inclusion of "stories" in many of the articles suggested to workgroup members the importance of connecting theoretical material to everyday, practice-based experience. The Literature Review Workgroup developed ideas about what made for "good" professional literature. Readability, and applicability, aside from the core discussion of Principles of Best Practice played a part in how the workgroup members developed critical thinking through the process of reviewing professional literature.

1. Confidence in the Group Critique:

As the workgroup members developed their expertise and "literacy" as critical reviewers, their confidence strengthened with respect to accurately identifying the Best Practice Statements embedded in the articles. By May, 2001, the workgroup members assigned an 80% confidence rating to their ability to identify Best Practices in reviewed literature when a small group (2-3 members) critiqued together.[25]

2. Analysis of Evidence-Based Best Practices:

The publication, *Strengthening America's Families: Model Family Programs for Substance Abuse and Delinquency Prevention* (University of Utah, 2000), provides "categories [of programs] based upon the degree, quality and outcomes of research associated with them." Rating Criteria developed by the *Strengthening America's Families Project* (a ten-year effort of establishing a pool of programs and then reviewing them to develop this criteria) established four levels for evaluation of evidence-based best practices[26]:

1. Exemplary I
2. Exemplary II
3. Model
4. Promising

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[25] Confidence dropped off considerably in circumstances in which members did not have the opportunity to thoroughly discuss a piece of the literature with their workgroup colleagues.

[26] Strengthening America's Families: Model Family Programs for Substance Abuse and Delinquency Prevention, Center for Substance Abuse Prevention and the Office of Juvenile Justice and Delinquency Prevention, University of Utah, April, 2000. www.strengtheningfamilies.org

It can be expected that publications such as this will assist future Literature Review workgroups to clarify issues related to research versus practice wisdom, which in turn may help more clearly identify *evidence-based* best practices for early childhood mental health service delivery systems.

Process Supports

The ECMH Best Practices Project valued an interdisciplinary approach in all phases of the Project: planning, design, implementation and workgroups.

The experience of the Literature Review Workgroup members with respect to their participation in the interdisciplinary, long-term, complex task of critiquing a body of professional literature with colleagues they did not previously know, confirmed comments from Emily Fenichel, during consultation sessions with Project Steering Committee members[27], that interdisciplinary work requires:

-a strong commitment,
-clear task focus that includes common material,
-a moderated group process, and
-acknowledgement that each person will bring a different knowledge base and point of view.

Developing clarity and respect for Framework Diversity dynamics within the Workgroup provided essential support for the interdisciplinary work of the Project. The Literature Review Workgroup members had not anticipated the "lived emotional experience" of the workgroup process; it was a difficult element to manage individually as well as on a group level. Placing the sharply-felt emotions engendered by disagreements about what had seemed initially to be a purely cognitive task – critical review of professional literature – within the framework of diversity organized a more comfortable conceptual space for the workgroup operation.

Best Practice Findings

A second critical juncture in the work of the Literature Review Workgroup was the decision to hold the Knitzer Principles for Early Childhood Mental Health Service Delivery Systems as a frame of reference. This left room for the Workgroup to pursue articulation of its own set of Best Practice statements.

1. Knitzer's Principles as a Referent Point:

The Project Steering Committee endorsed Jane Knitzer's Ten Principles for a service delivery system in early childhood mental health.[28] These principles provided a framework for the Literature Review Workgroup to begin critically reviewing the list of selected literature. This resolution to an initial conflict provided the Workgroup with a starting point, without confining their findings to pre-constructed statements.

2. Centrality of Relationships:

In each topic area considered (Prevention, Identification, Assessment, Intervention and Multi-system Integration), the Literature Review Workgroup's Best Practice Findings emphasize the centrality of relationships. The Best Practice Findings of the Literature Review Workgroup thus include many descriptions of ways in which relationships inform, shape, guide and foster early childhood mental health practices – ranging from assessment to intervention efforts.

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[27] Technical Assistance Consultations with Ms. Fenichel are more fully described in the Full Report, in the section, Accomplishments of the Project.

[28] *Early Childhood Mental Health Services: A Policy and Systems Development Perspective*, by Jane Knitzer, in Shonkoff & Meisels, (Eds.), Handbook of Early Childhood Intervention, Cambridge University Press, 2000.

The workgroup members found consensus in valuing relationships as the context within which to think about and "do" early childhood mental health. In article after article, across all the focus areas, promotion of relational health depended on utilizing relationships between children and their family members, and between parents and practitioners. System integration efforts are best served through formation of professional relationships between organizations, and between community members. In the multi-layered interactions among individuals, organizations, programs and systems, relationships which promote health and resilience were seen to be key to efficacy.

Knowledge of the ways in which relationships support children's developmental health, delineation of the *skills* required to enact positive relationships between and among practitioners, children and families, and articulation of the *values, attitudes and approaches* which support relational work were highlighted in the review of literature.

3. Best Practice Statements:

The primacy of social and emotional experiences in early development reinforce Best Practices as embodying the following principles:

- individualization (developmentally-focused; support for individuation);
- respectful interactions (attentive to cultural identity and integrity); and
- consistency (coordination of system elements to ensure continuity in care).

• Learning Models Workgroup

The Learning Models Workgroup researched Principles of Best Practice for training professionals working in fields linked to early childhood mental health. This investigation led to identification of guiding principles for a four-stage Learning Model: design, presentation, application and evaluation.

Early childhood mental health represents the confluence of many disciplines sharing common interests in developmental processes. In response to field needs, the Learning Model is adaptable to a cross-disciplinary professional audience.

The Learning Models Workgroup focused on finding ways which could effectively increase the knowledge and skills needed by early childhood mental health professionals, paraprofessionals, parents and community members to promote healthy emotional and relational development with young children.

"..an appreciation of developmental processes, and how such processes work within an individual, should frame the training for all who are engaged in early childhood interventions. ... knowledge about relationships is core for training."[29]

Scope of Work
The charge to the Learning Models Workgroup included the following tasks:
a. Identify best practices for training professionals, in early childhood mental health fields, to strengthen their knowledge base, skills and ability to promote developmental health;
b. Use identified best practices to guide the design of a learning event for an audience of community professionals working in fields linked to early childhood mental health; and
c. Strategize ways to provide widespread training for parents, childcare providers and others on early childhood relational development and mental health.

NOTES ON AMENDMENT OF WORKGROUP SCOPE:
The task of designing and presenting a Community Learning Event (b, above) was reassigned as a result of an opportunity to collaborate with the Northwest Early Childhood Institute on planning a series of learning events, Spring of 2001. [See the Community Learning Event section of the Final Report for details.]

Future planning for the Project includes investigation of strategies for community-wide, general audience education about developmental processes for children and families, beginning pre-natally and continuing through the child's early school years (c, above).

Investigative Approaches
The Learning Models Workgroup explored the topics of adult learning and adult development using several approaches. The Workgroup used -
- their own adult development experiences,
- experience in presenting or training other adults (including parent audiences),
- selected review of literature, and
- a two-session consultation with faculty from the Training & Development program at Portland State University -

to investigate Best Practices in professional development.

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[29] Robert Emde, *From Neurons to Neighborhoods: Implications for Training*, ZERO TO THREE Bulletin, April/May 2001.

The workgroup assimilated their reflections, discussions and research into statements of best practice for future planning of learning experiences for practitioners in early childhood mental health.

The utilization of a variety of investigative approaches served the workgroup well. By combining their own experiences of professional development with the research-based information from the PSU Training & Development Program faculty, plus background reading, the Learning Models workgroup put to good advantage all sources of information and perspective available to them. Each aspect of their investigation was instrumental to their processes and to development of the Learning Model.

The diversity of their investigative techniques reflects both the character of the workgroup, *and* best practices in adult learning processes. A Rule of Thumb discovered by, and demonstrated by, the Learning Models Workgroup was: variety, variety, variety. Utilizing a variety of approaches is an important way to support adult learning processes.

1. Adult Learning/Adult Development:

Adult learning and adult development are complementary fields of study, each of which have long-standing and research-based traditions and history. The knowledge base and the skills which are aligned with Principles of Adult Development and Adult Learning proved to be *unfamiliar* territory for most practitioners in early childhood mental health fields, certainly for those in the Learning Models Workgroup.

There is a large professional literature in this area, as well as current research which seeks to delineate critical factors related to adult learning and developmental processes. There is much to learn about how adult behavior change can be fostered, encouraged and appropriately institutionalized in workplace settings.

This information and perspective is crucial to the ECMH Best Practices project as planning moves forward from Principles of Best Practice to implementation of best practices in service delivery systems through dissemination efforts. The work of the Learning Models Workgroup during the second year of the Project sets the stage for dissemination of best practices. Organizing professional preparation based on research-based knowledge of adult learning dynamics provides a strong foundation for *growing* a well-trained, skillful, interdisciplinary, and professional cadre for work in all early childhood mental health fields.

> *"The [From Neurons to Neighborhoods] report notes that the current absence of appropriate preparation and adequate compensation severely limits the capacity of many early childhood service providers to address the needs of children they serve, and contributes to high staff turnover, thereby compromising program effectiveness. The report suggests that unless these fundamental challenges in professional development are addressed, the continuing explosion of new knowledge about human development will have limited impact on the delivery of early childhood services."*[30]

2. The Technical Assistance Consultations:

The two, two-hour consultations with the Portland State University Training and Development faculty planned by the workgroup and the Project Development Consultant benefited the group enormously. The consultations contributed to the Workgroup's investigation in the following ways.

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[30] Ibid.

The sessions:

- Located the Workgroup's charge in the general context of well-established knowledge and practice regarding adult learning and development;
- Provided much-needed, basic information about adult learning and development, including Adult Learning Styles;
- Provided a framework in which to understand stages of professional development;
- Clarified questions and concerns about professional development, particularly with regard to transfer of learning dynamics; and
- Outlined the Learning Model which the Workgroup adapted and presents as its centerpiece Best Practice finding in this report.

Workgroup Accomplishments

The Learning Models Workgroup completed their charge to develop a "best practices" learning model for professional development of early childhood mental health professionals. The Learning Model described in this report is based on the presentations of the faculty from PSU.[31]

The Learning Model is adaptable for an audience which includes medical practitioners, child care and head start staff, mental health clinicians, parent educators and others. The Learning Model structure can be applied in a variety of settings, content areas, with interdisciplinary or discipline-specific groups.

The Learning Models Workgroup anticipates that the Learning Model will inform the design and delivery of the Community Learning Event slated for the Project's Third Year.

Document Development

Further, the Learning Models Workgroup developed documents which describe central elements of professional development, including:

- Learning Styles and Learning Methods: Making the Match; and
- Effective Design of Adult Learning: Key Tasks and Considerations

Finally, the Learning Models Workgroup articulated their statement of Best Practices for Professional Development, with the range of professionals represented by the fields of early childhood mental health specifically in mind.

Workgroup Process:

In monthly, three-hour meetings, the Workgroup members considered a host of issues related to adult learning and professional development. Topics the Workgroup covered ranged from:

- describing personally memorable learning experiences,
- characteristics of a positive climate for learning,
- organizational systems which enhance or distract learners,
- unique characteristics of adult learning, and
- methods and approaches for engaging adult learners.

While some of the particular Learning Models Workgroup's group dynamics looked different from those of the Literature Review Group, the same group development stages were followed: the Learning Models Workgroup formed, stormed, normed and performed.

The Learning Models Workgroup was highly process-oriented. As a group, they were divergent thinkers, willing to entertain a variety of ideas, and always grounding the discussion in their own experiences.

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[31] Used with permission of Rob Russell.

The Learning Models Workgroup also brought the "lived emotional experience" of working professionally in early childhood mental health to the forefront of their work. Many personally-challenging emotions and experiences were disclosed within the group. It is a tribute to the integrity of the group process that individuals brought forward material which helped to clarify the Best Practice Findings presented here.

The Learning Models Workgroup focused their yearlong work on the ***how*** – methods, approaches and process – of professional development efforts. Their conclusions apply to a variety of audiences – the ***who*** in early childhood mental health - which encompass a wide range of disciplines, educational backgrounds, status and compensation levels (a reality which impacts stability of the workforce in ECMH[32]) and variations in approach to the work.

• The Learning Model

The Learning Models Workgroup investigations led to consideration of transfer of learning as the linchpin for best practices in professional development.

Transfer of Learning
The perspective of the Learning Models Workgroup members, from the beginning of the Project's second year, rested in the all-too-common experience of having been "exposed" to a learning opportunity, without benefit of preparation or follow-up. The excitement and renewed commitment to providing better services to children and families which the workgroup members shared as a common result of attending training often met, when they returned to work, with personal frustration, workplace barriers, and a diminishment of their energy.

Historically, the primary emphasis in continuing adult education has been on planning relatively isolated learning events: conferences, forums, symposia, and workshops. Infusion of information has been viewed as the alpha and omega of learning. In practical terms, what often results from professional attendance at one-time events is lowered motivation to enact practice improvements.

As a result of the technical assistance consultation with the PSU Training and Development Program faculty, the Learning Models Workgroup clarified these dynamics, and began to develop their understanding of a four-stage process in effective professional development.

The issue of transfer of learning – everyday application of new ideas for practice improvement - was one in which most of the workgroup members had personally experienced barriers, and a sense of frustration in their own learning processes. Lack of opportunities to apply new learning often led to diminishment of their motivation as adult learners. Thus, even after the flush of excitement about learning new material (frequently generated by attending a learning event), the individual's inability to implement better practices in their daily work meant their overall interest in future learning was compromised.

In Training and Development arenas, Transfer of Learning is receiving much more attention as an important area for research, workplace planning and evaluation efforts.[33]

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[32] Robert Emde, *From Neurons to Neighborhoods: Implications for Training*, ZERO TO THREE Bulletin, April/May 2001.

[33] In a recent update from one of the PSU faculty consultants, a new resource was located: a study of essential aspects of effective transfer of learning strategies, conducted with scores of Fortune 500 Companies. Transfer of Learning Strategies are available at www.bobpikegroup.com/transfer and are in press, with the working title, Unlock the Power to

Four Stages in Adult Learning Processes

The Learning Models Workgroup adapted the Transfer of Learning Model developed by Rob Russell (Russell, 2000) as the basis for their Learning Model. This model describes four stages of the learning process, each of which illustrate the dynamics involved in engaging and changing the behavior of adult learners.

The four stages of the Learning Model "feed" one another; therefore, design, planning and implementation efforts at each stage need to align and connect with each other.

The Four Stages of the Model are shown below.

Priming ⇒ Learning Experience ⇒ Application Opportunity ⇒ Results/Evaluation

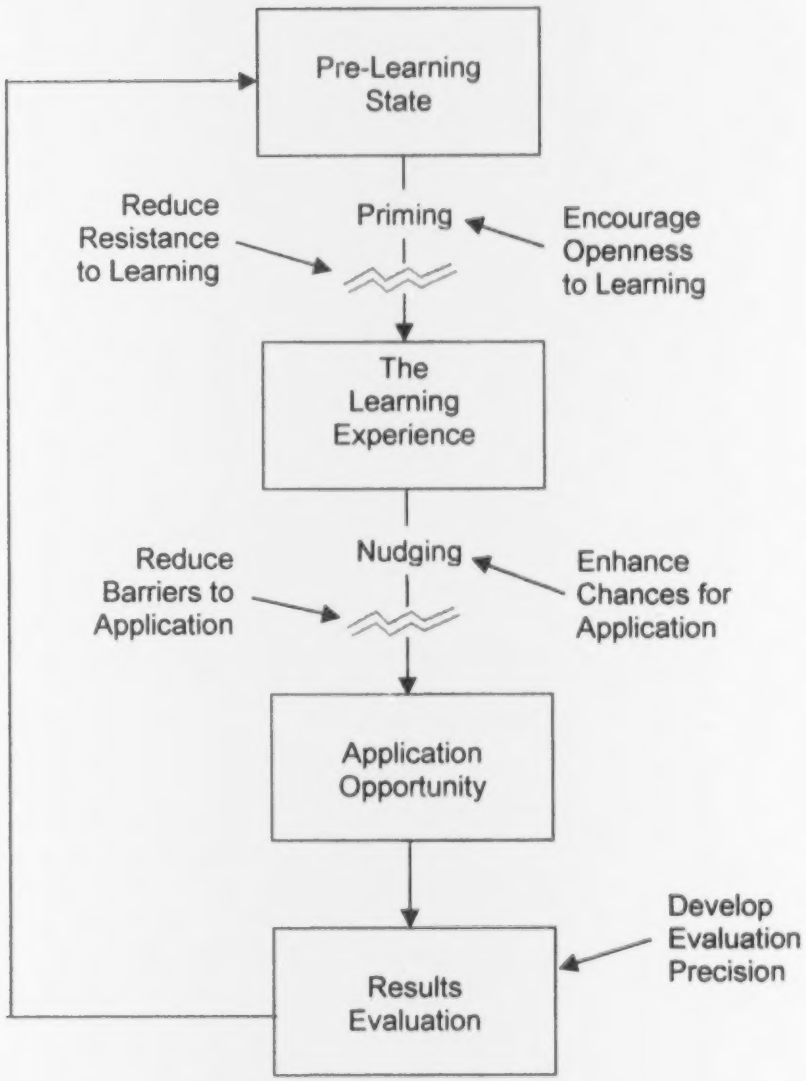
The Learning Model graphic on the following page illustrates and expands on the four stages.

The flow of planning for professional development, in order to reflect Principles of Best Practice, needs to follow each of the dynamics identified below, and attending to learning styles, developmental stages, and diversity, along with other issues. In order to promote change in practice, so as to strengthen outcomes for children and families, the Learning Models Workgroup strongly recommends that planning be done in a four-part process that prepares, educates, supports and provides reflective processing for each learner.

Learn, Unlock the Power to Perform by Robert Pike. Personal communication with Glen Fahs, June, 2001.

Learning Model

By Robert W. Russell



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Professional Development
In Early Childhood Mental Health Fields

A MODEL for EFFECTIVE DESIGN of ADULT LEARNING OPPORTUNITIES[1]

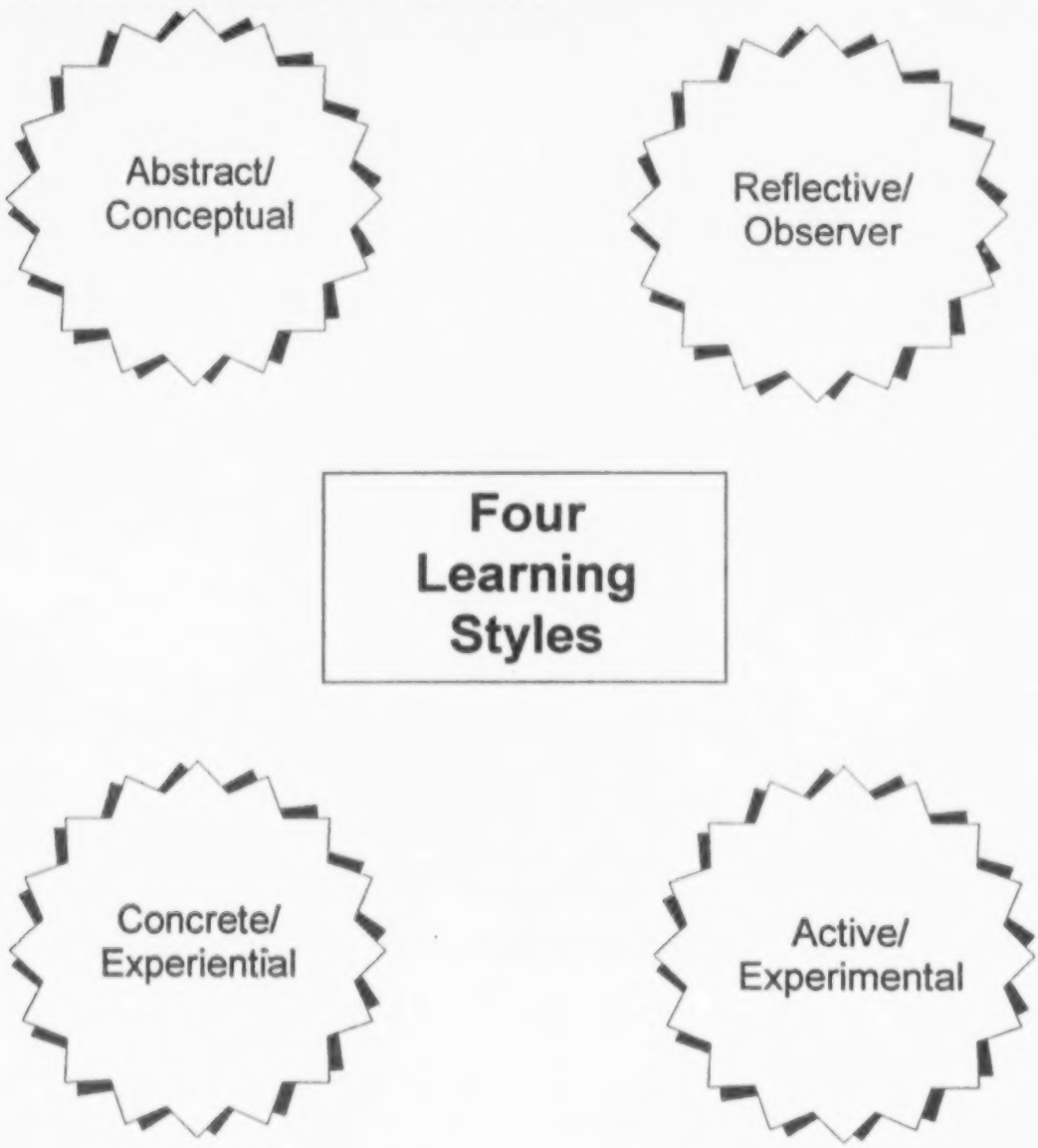
Sequence of Steps	Critical Tasks	Key Considerations
1. PRE-LEARNING STATE – **Priming**	• Secure organizational buy-in and support; • Remove/reduce potential barriers (see key considerations) • Establish the credibility and expertise of the presenter • Introduce key concepts • Provide access to content materials (e.g., articles, videos, books, and other resources)	• Prepare the agency for integration of new practices • Consider the individual learning styles and diversity of the audience • Establish a non-punitive environment for learning[2]; • Begin a relationship with the learners • Identify and address possible resistance, including cultural background issues, prior learning experiences, frame of mind, values and attitudes.
Sequence of Steps	**Critical Tasks**	**Key Considerations**
2. THE LEARNING EXPERIENCE	• Identify clear goals (content and process) and objectives • Use a variety of methods and approaches • Use language familiar to the learner	• Presenter should acknowledge and encourage future contact between learners to enhance and support the learning experience • Trainer should be equipped, and prepared to respond to the "lived

[1] From Robert W. Russell, Transfer of Learning Model, Russell Consulting, 2001.
[2] This will include making workload adjustments, arranging supervisory support for ongoing learning opportunities, supervisory approval and buy-in for professional development, and alleviating the "back to reality" avalanche of backlogged work

THE LEARNING EXPERIENCE, *continued*	• Get frequent informal feedback during the learning experience • Size the content into digestible portions • Make learning relevant and applicable	emotional experience" of participants • Presenter must know the audience: needs, background, experience • Relationships drive learning, so include relational elements in the learning opportunity • Match methods to Kolb learning styles
Sequence of Steps	**Critical Tasks**	**Key Considerations**
3. DESIGNING APPLICATION OPPORTUNITIES -Nudging	• Identify resources and support people the learner can access • Build in methods and systems for linking concepts learned to practice (behavior) • Reduce risk factors in learning; support the challenge to make changes	• Attend to appropriate timing for application of learning; capture "teachable moments" • Clarify individual goals • Provide timely, positive feedback • Provide continuity in relationships that support ongoing learning
Sequence of Steps	**Critical Tasks**	**Key Considerations**
4. EVALUATING RESULTS	• Solicit and review feedback regarding the content and process: • Evaluation should encompass all phases of the learning process (refer to the training model) • Use feedback and evaluation findings to plan future learning	• Collect data about impact at various times after the learning experience; do not rely only on reaction feedback • Coach learners to reflect on learning • Look for additional opportunities for application experiences from evaluation comments

ECMH Best Practices Projects
Learning Model
Kolb Adult Learning Profiles

Learning Styles & Learning Methods
In research completed by David Kolb, four distinctive adult learning styles were identified. These are represented in the graphic on the following page.



Reference: David Kolb, **Experiential Learning**, Prentice Hall, 1984

Each of these learning styles represents a preferred approach in adult learning processes, an individually distinctive "style" of organizing new learning experiences, and interacting with new material. The Learning Style Profiles are intended to describe, in general terms, groups of people with particular tendencies in learning situations. In practical terms, any one individual may have more than one preferred way of approaching new learning. In cultural terms, individuals may have adapted successfully to learning in only one style (e.g., someone who only hears new information through lectures may "learn" a preference for abstract/conceptual learning processes).

The Learning Models Workgroup can be characterized as reflecting Kolb's Adult Learning Profile Style[34] of *Active Experimentation*. [It is interesting to note that the Literature Review Group, as a group, fit the Abstract/Conceptual Style identified in the Kolb model.]

The Learning Models Workgroup developed these documents through their follow-up discussions of the two presentations by Portland State University Training & Development Program faculty, Glen Fahs and Rob Russell, January & February, 2001. The chart, ***Learning Styles & Learning Methods: Making the Match*** are inclusive of discussions and analysis of learning experiences by workgroup members during the course of the ECMH Best Practices Project, Year Two.

[34] See David Kolb, Experiential Learning, Prentice-Hall, 1984.

Learning Styles & Learning Methods: *Making the Match*

Kolb[1] Learning Styles	Methods Matched to Adult Learning Style[2]	Learning Processes
• Abstract/Conceptual	Reading (Literature Review); Lecture; Projects; Model Building; Case Study	Analytical, theoretical; conceptual
• Reflective/Observant	Case Study; Coaching; Mentoring; Shadowing; Journal; Discussion	Self-reflective; watch, ask & review; integrative
• Concrete/Experiential	Demonstration; "See one; do one" [medical education model]; Peer Practice Group; Role Play; Discussion; Examples; Video	Pragmatic; closely connected to everyday experiences
• Active/Experimental	Simulation; Brainstorming; Exercises; Field Work; Case Study	Interpersonal; divergent; interactive

Adapted from presentations by Portland State University Training & Development Program faculty, Glen Fahs and Rob Russell, January & February, 2001, and inclusive of discussions and analysis of learning experiences by workgroup members during the course of the ECMH Best Practices Project, Year Two.

[1] From David Kolb, Experimental Learning, Prentice-Hall, 1984.
[2] These lists are intended to provide a **sampling** of instructional methods which would be well-suited to a particular style of learning. It is not intended to be an all-inclusive list of approaches to design of learning opportunities.

• Supporting Professional Continuing Education in ECMH

The Learning Models Workgroup identified dynamics in early childhood mental health which they believe are pivotal for understanding the way practitioners can be supported in their learning in the fields of early childhood mental health. The issues listed below reflect the yearlong discussions which meshed all sources of learning in the Workgroup's thinking:
-personal reflection and critical thinking;[35]
-consultation with the PSU faculty; and
-reading material.

1. Validation:
Adult learners need to feel validated for their past experiences. A great deal of learning takes place through experience, and adults need to know their learning counts.

2. Context of Relationships:
The majority of adult learning takes place in the context of relationships: with mentors, peers, supervisors, and others. *Relationships drive learning.*

3. Learning Styles:
To reflect Best Practice, presenters and trainers should adapt their presentation methods to the Kolb Adult Learning Style Profiles[36], in order to engage learners, maximize transfer of learning. Accommodating learning styles establishes an emotional climate for learning , that can both provide an essential sense of belonging within the learning process and challenge adult learners to change.

With a diverse audience such as exists within the multi-disciplinary fields linked to early childhood mental health, use of a variety of methods is essential in order to connect learners with learning.

4. Diversity:
Presenters and trainers for this field must be sensitive to the diversity of people who work with children, taking into consideration (but not limited to) educational level, commitment to children, work situation, their ability to reflect on their own and others' behavior, and to sustain confidence in themselves in new and/or unusual situations.

Workgroup members pointed out that "resistance" to learning may represent the conflicts a professional may feel about moving away from their identified peer or family group. An individual from a family whose members did not have the privilege of higher education may feel a sense of betrayal in embracing educational opportunities which take them away from their own family identity.

The Learning Models Workgroup mapped extensively the multi-layered facets of diversity among the practitioner groups associated with early childhood mental health.

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[35] Robert Emde, writing in ZERO TO THREE, *FROM NEURONS TO NEIGHBORHOODS: Implications for Training* in the April/May 2001 Bulletin, identified the following skills needed for early childhood intervention practitioners: (1)training and experience in collaboration; (2) open and reflective communication; (3) ability to learn from others and from supervision; and (4) critical evaluative skills.
[36] Learning Style Profiles are addressed in depth later in this report.

The Learning Models Workgroup identified the following dimensions of diversity in early childhood mental health fields:

- class and class biases,
- current literacy level and prior literacy experiences,
- cultural background,
- personal and family valuation of learning,
- sense of internalized oppression and the experience of institutionalized oppression,
- societal valuation of the work of the professional, and
- much more!

This area of inquiry became so multi-faceted and nuanced that the Learning Models Workgroup was convinced that, to do justice to the issues of diversity, additional time, resources and energy would be necessary from the Project participants. During the second year of activities, this was not possible. The Learning Models Workgroup recommends that the Project planners consider this undertaking as future Project activities.

5. Barriers:
There are many potential barriers to adult learning, both individual and institutional. It is, simply, very difficult to sufficiently reduce distractions and resistance to learning, in order to encourage openness, curiosity and engagement. Effecting behavioral changes with adult learners is challenging. Overcoming habits of mind and heart can be difficult.

6. "Flammability":
The content of early childhood mental health is often "flammable" in that it can evoke powerful emotions and memories for adult learners. A variety of reactions and responses, including anger and loss, need to be expected and normalized. In order for learning (change in behavior) to occur, issues of flammability must be respectfully addressed.

7. Challenge of Change:
Changing adult behavior is extremely difficult. It is essential to plan for follow-up and support of the learning processes through all four stages of the Learning Model, as proposed in this document.

In order to accomplish the shift from Principles to Practice, to transfer learning into the workplace, for services to children to reflect implementation of new knowledge and skills about best practices in service delivery and service integration, in short, for professional development opportunities to equal learning that makes a difference, adult learners must be engaged, supported, and included in their own learning processes.

NOTE: A suggestion for dissemination of the best practices learning of the Project's second year, Principles to Practice Proposal, is included as an attachment to this report. This proposal was briefly reviewed at the Project Summit (June, 2001), along with several other ideas for future planning.

8. Individual Learning Process:
Learning outcomes are highly individual, and look different in different people.

Even when a single learning experience (for example, a lecture) is attended by the same group of people, the impact of the experience will reflect individual learning processes and perspectives.

Effective learning processes for adults mirror best practices principles[37] in early childhood mental health, identified by the Literature Review Workgroup, namely:

- individualization (developmentally-focused; support for individuation);
- respectful interactions (attentive to cultural identity and integrity); and
- consistency (coordination of system elements to ensure continuity).

9. Transfer of Learning:

Transfer of learning must be part of planning for adult development. There are four stages to consider:

a. Priming,
b. Learning Experience,
c. Application Opportunities, and
d. Results Evaluation.

Most frequently in professional development planning, the emphasis and planning focus is placed on the Learning Experience solely. Each stage represents an important element in supporting adult learning and behavioral change. Each stage requires forethought and follow-up.

Characteristics of Adult Learners & Adult Learning Processes

Adult learners have particular needs and requirements for professional development and continuing education. These needs reflect the range of personal (as well as professional) experiences which adults have accrued. Adult learners can best be engaged in learning experiences when the following considerations are taken into account throughout the design, development, and implementation of learning opportunities. The characteristics of adult learners listed below can inform each of the four stages of the proposed Learning Model (Russell, 2000).

- Individuals bring their own "agendas" to the learning situation.
- It is difficult, but essential, to measure "transfer of learning".
- Trainers must be sensitive to diversity elements of their audience.
- Adults learn in a variety of ways; not always formal.
- Habits in adults are very hard to change and must be gently encouraged.

1. Adults need to feel met "where they are":

- There is a need to create common ground.
- Adults need to have a sense of ownership over their learning.
- There are inherent barriers to learning in groups; it is important to acknowledge them.
- Clarify the assumptions of the trainer about what adult learners "need" before the training.
- Outcomes (learning) look different in different people; expect this.

2. Adult Learning Processes are Complex:

- There is no one best solution or approach to use; use a variety of methods and strategies for learning. Presentation of information must accommodate all learning styles.
- There are many levels, and many layers in adult learning; make use of this when planning.
- Trainers must be familiar with their audience; always due a needs assessment.
- "Perfect" presentations will still not reach everyone in the audience.
- Power differentials, in any adult learning situation, must be reduced to encourage transfer of learning.

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[37] Adapted from Beverly Kovach and Denise Da Ros, *Respectful, Individual and Responsive Caregiving for Infants: The Key to Successful Care in Group Settings*, Young Children, May, 1998.

3. Diversity in Learning Methods and Approaches:

Ways in which learning opportunities are organized make a big difference in learning. Because professionals in early childhood mental health fields are a richly diverse group, learning processes will benefit most from design and implementation approaches which are also diverse. The Learning Models Workgroup recommends the following guidelines:

- It is important to use multiple ways to transmit information.
- It is important to engage the audience.
- It is important to establish at the outset that information will be useful and appropriate to the audience.
- It is important that feedback, mentoring and multiple opportunities to observe and interact with a competent role model all make learning processes more potent.

• Effective Professional Development Planning

The Learning Models Workgroup members considered the learning objectives and processes listed below as central to effective professional development efforts. In planning and presenting learning opportunities, using the four stage Learning Model, these elements are recommended for consideration.

1. Goals and Objectives for Learning:

Learners, in the learning situation, will -

- acquire at least two new skills (practical, job-related);
- practice these skills through intentionally-planning opportunities; and
- blend thinking/doing/reflecting as integral to the learning process.

2. Application Opportunities are Key to Behavior Change:

Tracking application of new learning typically does not receive much institutional attention. However, for behavior change in adults, this area of planning for professional development needs to be a high priority. It is important to help adult learners identify new knowledge, skills, and application strategies, and then support the process of integrating new learning into professional practice.

3. Ensure Structural Supports for Learning Processes:

In addition, in order to "embed" new knowledge, skill development, attitudes and values in practice, *structural supports for learning* need to be planned and implemented. The Learning Models Workgroup developed the list below, which suggests some ways to do this, including:

- appropriate application opportunities;
- evaluation of learning and implementation;
- reduction of barriers that compromise change in practice behavior; and
- consistent, structured feedback (from peers and/or supervisors) to reinforce and recognize positive changes in behavior.

• Further Reflections on Adult Learning Processes

1. Learning evokes powerful emotions for adult learners:

For practitioners in ECMH, learning experiences may trigger previous or vicarious trauma experiences, and bring to the surface personal, unresolved developmental tasks. Feelings of guilt, inadequacy, anger or "stuckness" in the morass of challenges faced on a daily basis can make a learning experience emotionally as well as intellectually challenging.

2. The content of early childhood mental health is "flammable":

The lived emotional experience of practitioners in early childhood mental health settings can trigger a variety of reactions and responses in professional learning or training situations. It may be necessary to conduct or offer grief work before additional professional development training in

order to prepare someone for learning. Vicarious traumatization can have a strong impact on an individual's capacity for continuing professional education.

A careful needs assessment, before training sessions are started, can be instrumental in identifying the degree of flammability, and thereby prepare the trainer, the trainees, and supervisors, for the level of individual and institutional support needed for learning.

• Best Practice Findings

The workgroup assimilated their reflections, discussions and research into statements of best practice for future planning of learning for practitioners in early childhood mental health. The focus for their recommendations is the *how* – methods, approaches and process – of professional development efforts. Their conclusions apply to a variety of audiences, in many different settings, and can be applied for a wide range of content topics.

The Learning Models Workgroup singular and central Best Practice Finding is that –

"Relationships drive learning."

Establishing a Positive Climate for Learning

"...the centrality of relationships should be the organizing construct for early intervention and that this perspective needs to permeate the whole organization, recognizing the power of relationship to shape behavior and performance at all levels. To accomplish this vision for early intervention, ... the following tenets of an infant mental health perspective should underlie service delivery and staff development efforts:

- recognition of relationships as both organizers of development and the basis of all intervention;
- focus on the process of intervention as well as the content, willingness to respond to the levels of need and readiness of the parent and the child."[38]

Guiding Principles for Training ECMH Professionals

The Learning Models Workgroup developed a set of Guiding Principles for Professional Development, as listed below.

Statement of Principles to Guide Professional Development Efforts

1. Goal Statements for Professional Development in ECMH Fields:

- Prepare people working in early childhood mental health fields to have the knowledge, skills, sensibilities and motivation to engage children, families and other practitioners in health-promoting relationships!
- Create an inter-disciplinary cadre of learners* to engage in healthy relationships to promote overall developmental health of children and families and communities.

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[38] Nancy Klein & Linda Gilkerson, *Personnel Preparation for Early Childhood Intervention Programs*, Handbook of Early Childhood Intervention, in Jack Shonkoff & Samuel Meisels (Eds.), Cambridge University Press, 2000.

* everyone we currently identify within the ECMH community - multi-disciplinary representation – plus other partners/neighbors who share the concern for children's well-being.

Achieving these goals will mean community commitment to the following long-range outcome: Amassing a contingent of practitioners (not mental health clinicians only) who have developed the -

- Knowledge
- Skills
- Confidence
- Competence
- Self awareness/self-knowledge and
- Reflective capacity

-to actively and positively contribute to the development of healthy children and families in neighborhoods and communities.

2. Guiding Principles for ECMH Professional Development:

Since relationships drive learning...

- Learning opportunities need to be relational;
- Learning opportunities need to include relationship skill development;
- Learning opportunities need to include a planned climate for learning that supports relationships;
- Learning opportunities need to attend to the context for learning for individuals and groups involved in the process;
- Learning opportunities need to recognize a reciprocal process of relating (teaching and learning in a continuous loop);
- Learning opportunities need to create connections, between people and between individuals and ideas;
- Learning opportunities need to assure transfer of learning by ensuring that learning happens in a relational and affective environment; and
- Learning opportunities need to maximize sense of belonging while inviting change in both attitudes and behavior.

Aligning with the iterative wisdom of the Learning Models Workgroup is the following statement:

> *"Weston et al (1997) proposed that the centrality of relationships should be the organizing construct for early intervention and that this perspective need the permeate the whole organization, recognizing the power of relationships to shape behavior and performance at all levels."*[39]

The following principles for service delivery and professional development were articulated by Weston et al (1997):

- recognition of relationships as both organizers of development and the basis of all intervention,
- focus on the process of intervention as well as the content, and
- willingness to respond to the levels of need and readiness of the parent and the child.[40]

[39] Ibid. (467)
[40] Ibid. (467)

Jeree Pawl, writing in an article titled, *Therapeutic Relationships as Human Connectedness,*[41] states:

> *"...basic therapeutic principles ..transcend theoretical orientation or treatment approach. These principles can be simply stated:*
> - *Relationships are primary.*
> - *A developmental perspective is central to treatment planning.*
> - *Basic concrete needs must be addressed in order for psychological development to occur.*
> - *Ghosts in the Nursery are real and powerful."*

Based on the Learning Models Workgroup's investigations into adult learning and development, the dynamics which undergird the statement of practice principles given by Pawl can, and *need to be* translated and adapted to practitioners working in all types of programs, agencies, service settings and professional capacities – including Child Protective Services workers, foster parents, child care providers, mental health clinicians, and pediatricians.

What Needs to be Learned in Early Childhood Mental Health Fields?
Practitioners across the spectrum of professional disciplines which are connecting through early childhood mental health have distinctive needs as well as common areas for professional education.

The Learning Models Workgroup identified the list of topics below as essential in early childhood mental health fields to ensure their broad-based understanding of, and grounding in, developmental processes:

1. Theories of human development (especially, attachment theory);
2. Developmental processes (e.g., Greenspan's stages of infant development):
3. Interactive skills (modeling/demonstration);
4. All aspects of child development (physical, cognitive, emotional, social and cultural);
5. Interplay of nature and nurture in strengthening developmental health;
6. Skill and ability in communication; and
7. Strong relational capacity: "Relationships drive learning."[42]

Robert Emde identified a similar list of "core knowledge", based on the findings of the 17-member Committee on Integrating the Science of Early Childhood Development, FROM NEURONS TO NEIGHBORHOODS. He suggests these principles "should be the basis for training early intervention practitioners":

1) Human development is shaped by a dynamic and continuous interaction between nature and nurture;
2) Culture influences every aspect of human development;
3) Self-regulation is a cornerstone of early childhood development that cuts across all domains;
4) Human relationships and the effects of relationships on relationships, are the building blocks of healthy human development;
5) The development of young children unfolds along individual developmental pathways with continuities and significant transitions;

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[41] Jeree Pawl, *Therapeutic Relationships as Human Connectedness*, ZERO TO THREE Bulletin, Feb/Mar, 1995.

[42] This statement was adopted by the Learning Models workgroup as it describes the overarching motivation for learning, both for children and adults, which will guide best practices in professional development efforts.

6) The development of young children is shaped by the ongoing interplay among sources of vulnerability and sources of protective influences; and
7) The course of development can be altered in early childhood by effective interventions that change the balance between risk and protections, thereby shifting the odds in favor of more adaptive outcomes.[43]

There seems to be agreement, at least in broad stroke terms, of what content needs to be covered in professional development planning for early childhood mental health practitioners. The Learning Models Workgroup strongly suggests that the important *what* of learning experiences be entwined with the *how* of adult developmental processes to promote best practice adoption and implementation throughout the service delivery system, and the community.

• Process Themes of the Workgroups

The completed work of the Learning Models Workgroup dovetails with that of the Literature Review Workgroup. Working as separate groups, it is interesting to note the convergence in the themes of their respective Best Practice Findings, and the discovery, on the part of each group, of common ground in understanding best practice principles for early childhood mental health. For both workgroups, in very different ways, the experiences of members reflected similar challenges and points of engagement, often fueled by curiosity about the lived emotional experience of participation in the Project.

Each of the Project workgroups developed its own character, and style of operating. In "learning style" terms, the Literature Review Workgroup, as a group, represented the "Abstract/Conceptual" style of learning. The Learning Models Workgroup seemed to characterize "Active/Experimentation" as its most prominent dynamic. Whereas the Literature Review Workgroup members embraced a task-focused effort (reviewing 50 pieces of professional literature), the Learning Models group expressed a deep commitment to process and reflection on personal experience.

Many of the same issues (related to challenges of interdisciplinary work, Project complexities, and the ongoing blending of theory with practice) percolated in each workgroup, but the groups themselves responded differently to these. The "lived emotional experience" of participating in the workgroups played out differently.

The Literature Review Workgroup found themselves challenged by delving into literature from a variety of fields. This experience brought to the fore highly-charged biases about the value of research versus anecdotal information; the social and political status of certain fields in early childhood mental health (principally, clinical practitioners) versus those closely tied to early childhood care and education (child care and Head Start are examples). It was suggested that, to truly resolve some of the interdisciplinary challenges, mediation by a professional trained in mental health processes would be necessary.

The Learning Models Workgroup has responded to somewhat similar challenges in two ways. One: to develop a loyalty to personal/professional experience as best guidance for best practices. Two: to acknowledge the difficulty of mastering certain aspects of early childhood mental health (for example, reviewing issues of culturally competent practice in ECMH service delivery) and setting aside the task of making specific "best practices" recommendations in that area, aside from the general directive to devote the time, energy and resources to fully address it on a long-term basis.

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[43] Robert Emde, FROM NEURONS TO NEIGHBORHOODS: Implications for Training, ZERO TO THREE, April/May, 2001.

Where one workgroup chose to work at a general level to accomplish their assigned task, the other chose to work very individually, consciously identifying caveats about the specific boundaries of their point of view.

These differences express a general character of the group dynamic, rather than the specific individuals in the group. These dynamics evolved despite the overlapping membership between the two groups.

The profile of each group seems to "fit" the charge; each group seems to have grown into the characteristics and dynamics which match the focus of their work. The process of deep study of specific, though different, topics, has brought to the surface in each group the conflicts and challenges of interdisciplinary endeavor. At the same time, work in common, organized through the Project, has led to deepening relationships among the workgroup members.

Each workgroup has needed to revisit its charge, to "refresh" themselves in the goals and objectives of the work at hand, to refine and "own" their understanding of what they are expected to accomplish. This degree of ownership within the elements of the Project served the ultimate fulfillment of the responsibilities of each group to complete assigned tasks.

Impact of Participation in the Project

1. Workgroup Reflections:

In May, 2001, workgroup members reflected on ways in which participation in the Project had impacted them, both personally and professionally. Reflections on the impact of the Project echoed statement about members' motivations to participate cited at the beginning of the Project.

Comments at the end-point of the workgroup process included:

- Noticeably increased skill in reading and critically reviewing professional literature – the Project has made her a better reader: she learned to see quickly what an article was up to, and whether it would be useful;
- Notably increased awareness of framework diversity in interdisciplinary interactions: "what we rely on as Truth in one filed is not always shared with others; what we know is "right" practice is not acknowledged in other fields".
- Involvement in the Project dovetailed with her work, as there was a lot of cross-over in her reading;
- Informal dissemination of information from the Project has already been undertaken by individuals who share articles and insights with colleagues, students, workshop participants, and others with whom they come in contact in their own jobs;
- Interdisciplinary process takes time; and
- Translating conceptual promising practices into actual practice is a challenge; practice wisdom from those in direct service often guides thinking about Best Practices

It is interesting to note the "bookending" which took place over the course of the Project, and to consider ways in which, for continuity, these themes can continue to play a role in maintaining broad-based community participation in Project endeavors. Maintaining "engaged self-interests" during such a long-term, multi-faceted collaborative effort is an area which requires planning and ongoing attention to support success.[44]

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[44] See The Collaboration Handbook: *Creating, Sustaining and Enjoying the Journey*, by Michael Winer and Karen Ray, Amherst Wilder Foundation, 2000, for additional discussion of collaboration strategies.

2. Comments at the Project Summit:

Themes which emerged from discussion during the Project Summit (June, 2001) of ways in which participation in the Project had impacted people personally and professionally included the following points:

1. The value of conjoint learning is high; it leads to committed workers;
2. The challenge of reviewing literature was a wonderful opportunity and learning process;
3. There is value to learning about colleagues in related fields;
4. The connections with other people and organizations is energizing;
5. Mapping the complex territory of ECMH made an impression;
6. There is a sense of leaving a legacy; the work will continue in various ways through the Project's next undertakings, and the long-term ripple effects of the experience; and
7. There was a desire for the time, resources and energy to have this kind of experience again.

• Recommendations of the Project Workgroups

Recommendations of the Literature Review Workgroup

1. Index the literature review notes in the following ways:
   For training purposes: Indicate which articles are "best" for entry level practitioners, intermediate and advanced levels, or whether the article would be suitable for "all" audiences.
   To prioritize professional reading: Implement a star rating system to rate the quality of the articles.
2. Teach the critique process developed this year to other groups, including the Steering Committee members.
3. Seek out newly published articles and books for continued review, especially related to cultural competency knowledge and skills.
4. Develop an information management system: Consider effective ways to manage the flood of information in the various, convergent fields of early childhood mental health.

Recommendations of the Learning Models Workgroup

The following statements reflect the commitment of the Learning Models Workgroup to implementation of the Learning Model for professional development efforts, both as guidance for specific events, and for the continuous practice improvement efforts undertaken by individuals, agencies and systems which interact in early childhood mental health.

1. Avoid "didactic dump" [exclusive reliance on lecture methodology].
2. Employ multiple methods; multi-faceted approaches.
3. Avoid isolated, one-shot events that are disembedded from work/practice.
4. Develop more "buy-in" from more people: workers, supervisors, community
5. Increase people's commitment/investment to continuous learning:
   - Time
   - Energy
   - Resources
6. Plan more *process-oriented* training sessions
   - Focus on individual learning styles; match methods to styles
   - Include time for personal processing for integration of learning: knowledge/concepts translated to skills and practice insights
   - Acknowledge potentially intense personal impact of training [new information may challenge former belief systems and values, stir unresolved issues and more]
   - Provide support, guidance and referrals, as needed, to encourage reflection on the "lived emotional experience" of the learning process
7. Provide/plan for ongoing support to consolidate new learning.

8. Structure "parallel" processes in systems, agencies, organizations and programs to enhance and strengthen application/transfer of learning.

The Learning Models Workgroup organized their multi-dimensional investigation of Principles of Best Practice for Professional Development into a four-stage Learning Model. This model can be adapted for a variety of audiences, and can be effectively used for design and planning of continuing professional education for individuals, groups and organizations.

With respect to future planning for dissemination of Principles of Best Practice, the Learning Models Workgroup recommends a commitment to the key features of adult learning discussed in this report.

The Learning Model provides the ECMH Best Practices Project with guidance for future Community Learning Events. As well, consideration of the Learning Model tasks, as ongoing professional development efforts for practitioners in fields linked to early childhood mental health.

Cultural Competency: Knowledge and Skill Development
The Learning Models Workgroup devoted several meetings to discussion of cultural competency as it plays into professional development in early childhood mental health. The workgroup members decided that future workgroup membership needed to fully represent the spectrum of cultural communities.

The Workgroup members understood that diversification of the workgroups would mean specific and attentive cultivation of minority community members. Ethnic diversity among the workgroups would have integrated cross-cultural perspectives into all other issues under consideration. This workgroup wanted to include diversity within the scope of their work, rather than address it as a separate topic.

> *"The growing racial and ethnic diversity of the population of the United States demands that early childhood professionals understand the role of culture in normative human development and learn to work constructively with a variety of families."*[45]

• Best Practice Findings of the Project Workgroups

Literature Review Workgroup Findings
The Project Steering Committee endorsed Jane Knitzer's Ten Principles for a service delivery system in early childhood mental health.[46] These principles provided a framework for the Literature Review Workgroup to begin critically reviewing the list of selected literature. The Literature Critique Notes reference Knitzer's Principles, as well as provide the workgroup's own statements.

Fifty-plus items were screened by the workgroup across five focus areas – prevention, identification, assessment, intervention and multi-system integration. As the workgroup members developed their expertise and "literacy" as critical reviewers, they identified the Best Practice Statements embedded in the articles.

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[45] Robert Emde, *FROM NEURONS TO NEIGHBORHOODS: Implications for Training*, ZERO TO THREE Bulletin, April/May, 2001.
[46] *Early Childhood Mental Health Services: A Policy and Systems Development Perspective*, by Jane Knitzer, in Shonkoff & Meisels, (Eds.), Handbook of Early Childhood Intervention, Cambridge University Press, 2000.

In each area considered, Best Practice Findings emphasize the centrality of relationships. The Best Practice Findings of the Literature Review Workgroup thus include many descriptions of ways in which relationships inform, shape, guide and foster early childhood mental health practices – ranging from assessment to intervention efforts.

The workgroup members found consensus in valuing relationships as the context within which to think about and "do" early childhood mental health. In article after article, across all the focus areas, promotion of relational health depended on utilizing relationships between children and their family members, and between parents and practitioners. System integration efforts are best served through formation of professional relationships between organizations, and between community members. In the multi-layered interactions among individuals, organizations, programs and systems, relationships which promote health and resilience were seen to be key to efficacy.

Knowledge of the ways in which relationships support children's developmental health, delineation of the *skills* required to enact positive relationships between and among practitioners, children and families, and articulation of the *values, attitudes and approaches* which support relational work were highlighted in the review of literature.

The primacy of social and emotional experiences in early development reinforce Best Practices as embodying the following principles:
- individualization (developmentally-focused; support for individuation);
- respectful interactions (attentive to cultural identity and integrity); and
- consistency (coordination of system elements to ensure continuity in care).

Learning Models Workgroup Findings
This workgroup blended ideas gleaned from a literature review about adult learning and development, consultation sessions with faculty from the Training & Development Program at Portland State University, and reflections on their own adult learning experiences.

The Learning Models Workgroup focused on identifying effective strategies to promote change in adult behavior. From their research, it was clear that changing adult behavior is a challenging proposition. The Workgroup adopted a Learning Model (Russell, 2000) which delineates key steps in organizing learning, through four stages - priming, planning the learning experience, designing application opportunities, and completing results evaluation (including planning for future learning).

Additionally, this Workgroup identified keys to support professional development efforts:
- acknowledge the prior experience of adult learners; build from what they know;
- develop relationships with adult learners, to motivate and guide learning;
- follow the four-part development process: priming, experiencing, applying and evaluating;
- support organizational as well as individual change by institutionalizing support and accountability in the workplace (e.g., time for reflection and practice review through supervision and a positive climate for learning); and
- match instructional methods and approaches to adult learning styles.[47]

[47] Specifically, the Kolb Learning Style Profiles. See David Kolb, Experiential Learning, Prentice-Hall, 1984.

• CONCLUSIONS OF THE PROJECT WORKGROUPS

The multi-disciplinary workgroups developed interdisciplinary protocols for managing the critical thinking, analysis and integration of a large amount of material. The Workgroup processes followed a developmental sequence, congruent with published research on group dynamics and collaboration.

Exploration of the territory of best practices in early childhood mental health led to many insights and a deepening appreciation for the complexity and challenges of cross-disciplinary efforts.

The Workgroups identified a variety of ways in which competency in accommodating a broad spectrum of diversity issues played a part in effective work relationships in early childhood mental health fields. Acquiring both the knowledge, and the skills and attitudes necessary to maintain and deepen respectful interactions, even when confronted with conflicts and divergent points of view, underscored the need to pay particular attention to cultural competency as a central topic of concern in early childhood mental health best practices.

Relationships which engage, support and challenge professionals, paraprofessionals, parents and others to promote developmental health for young children will have the greatest efficacy in establishing the community climate for adoption of Best Practices for system and service integration.

> *"The experience of supportive nurturing relationships in the workplace enhances the ability of program staff to enter into supportive, nurturing relationships with families. Reflective supervision, peer support, and training provide the fuel to support and nurture [staff]."*[48]

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[48] *Caring for Caregivers: Supporting the well-being of at-risk parents and children through supporting the well-being of the programs that serve them*" by Victor Bernstein, Sally Campbell and Adrienne Akers, in J. Hughes, J. Close and A. La Greca (Eds.), Handbook of Psychological Services for Children and Adolescents, 2001.

Working Definition of Best Practices

In Early Childhood Mental Health

"Best Practices" in Early Childhood Mental Health identifies the perspectives and strategies which promote emotional, social and behavioral well-being of young children and their families.[1]

PHILOSOPHICAL PERSPECTIVE

The emerging field of Early Childhood Mental Health recognizes the silent crisis[2] impacting the well-being of all children, families and communities. Best practices embody state of the art service delivery across a broad range of policies and practices to effectively respond to this crisis.

Best practices build from the interdisciplinary work of fields connected to Early Childhood Mental Health through a complex, common and convergent body of knowledge- a rich mixture of theory, empirical research and practical experience.[3] Best practices utilize the combined knowledge, skills, methodologies and rigor of the interrelated disciplines to enhance the quality of children's lives.

Best Practices recognize the importance of early childhood experiences on future development. Therefore, prevention, early identification and early intervention are essential features of best practices in an Early Childhood Mental Health perspective.

BEST PRACTICE STRATEGIES:

- Promote children's healthy emotional, social and behavioral development;
- Lessen the impact of individual vulnerabilities and risk factors – poverty, abuse, violence, etc. - on overall healthy development in all children;
- Emphasize that positive relationships are the force by which healthy development and change is fostered;
- Expand competencies of both familial and non-familial caregivers to promote emotional, social and behavioral health of young children and families;
- Develop a coordinated system of services and supports for young children and their families; reduce barriers to service access.
- Implement guiding principles of an early childhood mental health service delivery system for practitioners and policy makers in the following specific areas: Identification, Assessment, Prevention, Intervention and Multi-System Integration.

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[1] Knitzer, J. Early Childhood Mental Health Services: A Policy & Systems Development Perspective, in Shonkoff & Meisels, (Eds.), Handbook of Early Childhood Intervention, Cambridge University Press, 1998.

[2] Adapted from the "quiet crisis" described in Starting Points: Meeting the Needs of Our Youngest Children, Carnegie Corporation of N.Y., 1994. "Of the 12 million children under the age of three in the United States today, a staggering number are affected by one or more risk factors that make healthy development more difficult."

[3] Shonkoff, J. et al, Early Childhood Intervention: Views from the Field, 1999.

Guiding Principles for best practices strategies[4] include:

- Strengths-based approach to assessment and planning of services for children and families;
- Individualization of service delivery;
- Recognition of resiliency of family systems; recognition of family's rights;
- Commitment to continuous quality improvement efforts in program implementation;
- A family centered, culturally-sensitive, community-based coordinated orientation;
- Service delivery which evolves from current and emerging literature and research.
- Knowledgeable, skilled professionals who choose evidence-based interventions.
- Timing, frequency, duration and intensity of services are matched to child and family needs.
- Evaluation of strategies, utilizing outcome measures, with a peer review process as a quality assurance check.

[4] Shonkoff, J. et al, Early Childhood Intervention: Views from the Field, 1999.

The Early Childhood Mental Health Best Practices Project

REPORT ON PROJECT ACTIVITIES, YEAR TWO

June, 2001

A Project funded by:

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